#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,081

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

MADERA COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT -	- AGED	AID CODE			
12 420 51 5655 56					MONT		
13,430 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10,139	682,442 \$	4,449,003.65	\$ 6.52	50.815 \$		\$ 331.27
@PHYSICIANS SERVICES	2,126	6 , 279 \$	94,069.39	\$ 14.98	.468 \$	44.25	\$ 7.00
OUTPATIENT VISITS	23	27	992.69	36.77	.002	43.16	.07
OFFICE VISITS	19	23	766.79	33.34	.002	40.36	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	225.90	56.48	.000	56.48	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	12	600.62	50.05	.001	200.21	.04
HOSPITAL VISITS	3	12	600.62	50.05	.001	200.21	.04
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	64	63	1,010.67	16.04	.005	15.79	.08
EXAMINATIONS	64	63	1,010.67	16.04	.005	15.79	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	0	0		.00		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.000		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	U	<u> </u>	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	6	19	1,766.37	92.97	.001	294.40	.13
PRINCIPAL SURGEON	4	4	1,377.88	344.47	.000	344.47	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	15	388.49	25.90	.001	129.50	.03
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	23	175.07	7.61	.002	29.18	.01
RADIOLOGY	12	14	359.57	25.68	.001	29.96	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	41	522.38	12.74	.003	261.19	.04
OTHER SERVICES/ALL X-OVERS	2,047	6,080	88,642.02	14.58	.453	43.30	6.60
@PHARMACY	8,654	439,377 \$	2,807,105.44	\$ 6.39	32.716 \$	324.37	
PRESCRIPTION DRUGS	8,444	33,446	2,681,646.55	80.18	2.490	317.58	199.68
SNF/ICF	181	1,160	66,538.89	57.36	.086	367.62	4.95
OUTPATIENTS	8,283	32,286	2,615,107.66	81.00	2.404	315.72	194.72
MEDICAL SUPPLIES	1,521	405,931	125,458.89	.31	30.226	82.48	9.34
@DENTIST	606	2,743 \$	109,621.42	\$ 39.96	.204 \$	180.89	
VISITS - DIAGNOSTIC	376	1,707	16,065.50	9.41	.127	42.73	1.20
	122	255	14,221.00	55.77	.019	116.57	1.06
ORAL SURGERY	0						
DRUGS		0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	84	88	8,256.00	93.82	.007	98.29	.61
ENDODONTICS	30	51	10,189.00	199.78	.004	339.63	.76
RESTORATIVE DENTISTRY	115	247	18,065.00	73.14	.018	157.09	1.35
PROSTHETICS	8	8	170.00	21.25	.001	21.25	.01
DENTURES, STAYPLATES	146	381	42,654.92	111.96	.028	292.16	3.18
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	9	6	.00	.00	.000	.00	.00
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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,082 MOP024 FEE-FOR-SERVICE/DENTAL

MADEDA COMMEN			D 7 3 T CC	A CEED		7 TD 00DE	1.0				03/11/03
MADERA COUNTY	SUMMARY OF SER	VICES FOR CASH G	RANT -	- AGED		AID CODE		O N T I I I I		CΠ.	
13,430 ELIGIBLES	HOEDO	INTEG OF CERTIFIC		EVDENDIMIDEO	70.5.7	EDACE COCH	M				
13,430 ELIGIBLES	USEKS	UNITS OF SERVICE		EXPENDITURES							COST PER
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	202	OR DAYS OF CAR:	£ \$	9,473.23 1,738.57 5,914.75 1,819.91 473.30 117.04 356.26 1,450.32 .00 .00 .00 1,450.32 644.45	rr c	10 74	PER ELIG		USER 46.67		ELIGIBLE
@OPTOMETRIST	203		Ş	9,4/3.23	Ş	19.74	.036				
DIAGNOSTIC AND ANC. PROCED	106	55		1,/38.3/		31.01	.004		34.77 46.94		.13
EYE APPLIANCES	126	338		5,914./5		17.50	.025				.44
OTHER OPTOMETRIC SERVICES	61	87 33 7 26	<u> </u>	1,819.91	<u> </u>	20.92	.006		29.83		.14
@CHIROPRACTOR	20	33	Ş	4/3.30	Ş	14.34	.002		23.67	Ş	
VISITS	3	./		117.04		16.72	.001		39.01		.01
OTHER SERVICES	17			356.26		13.70	.002		20.96		.03
@PODIATRIST	121	167	\$	1,450.32	Ş	8.68	.012	Ş	11.99	Ş	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0 0 121 3	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		
OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFF	121	167		1,450.32		8.68	.012		11.99		.11
@HOME HEALTH AGENCY	3 7 0	11	\$	644.45	\$	58.59	.001				
NURSE ANESTHESIST	7	14	\$	107.47	\$	7.68	.001		15.35		.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	\cap	Ś	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	795	2,826	\$	487,332.20	\$	172.45	.210	\$	613.00	\$	36.29
HOSP INPATIENT TOTAL	139	299		416,236.81		1392.10	.022		2994.51		30.99
HSC HOSPITALS	20	154		147,351.33		956.83	.011		7367.57		10.97
NON-HSC HOSPITAL TOTAL	24	145		187,439.53		1292.69	.011		7809.98		13.96
ACCOMMODATIONS	24	145		55,022.64		379.47	.011		2292.61		4.10
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	0	0		.00 .00 .00 1,450.32 644.45 107.47 .00 .00 .00 487,332.20 416,236.81 147,351.33 187,439.53 55,022.64 .00 .55,022.64 132,416.89 81,445.95 .00 71,095.39 30.52 422.25 197.55 513.94 121.82 69,809.31 6,660.49 5,690.80 5,109.94 .00		.00	.000		613.00 2994.51 7367.57 7809.98 2292.61 .00 .00 2292.61 5517.37 848.40 .00 103.34 15.26 211.13 39.51 73.42 30.46		.00
ALL OTHER ACCOM	2.4	145		55.022.64		379.47	.011		2292.61		4.10
ANCILLARIES	24	0		132.416.89		.00	.000		5517.37		9.86
INPATIENT CROSSOVERS	96	0		81.445.95		.00	.000		848.40		6.06
ALL OTHER INPATIENT	0	0		0.0		0.0	000		0.00		.00
HOSP OUTPATTENT TOTAL	688	2 - 527		71 - 095 39		28 13	188		103 34		5.29
MEDICAL	2	2,32,		30 52		30 52	000		15 26		.00
SIIRGERY	2	3		422 25		140 75	000		211 13		.03
PATHOLOGY	5	20		197 55		9 88	001		39 51		.01
DADTOLOCY	7	20		513 04		57 10	001		73 42		.04
DOOM HEE	1	3		121 82		40 61	.000		30.46		.01
CDOGGOVEDG/AII OTH ONTOTAT	691	2 /01		60 800 31		28 02	.185		102.51		5.20
ACOINTY HORDITAL TOTAL	12	2,491 51	Ċ	6 660 40	Ċ	130.02	.103	Ċ	512.35	Ċ	
CO HOSPITAL TOTAL	2	5	Ÿ	5 690 80	Y	1130.00	.004	Y	2845 40	Ÿ	.42
UCC HOODITAL INFAILENT TOTAL	∠ 1	5		5,090.80		1021 00	.000		2845.40 5109.94		.38
NON HEC HOCDIMALS MOMAL		5		5,109.94		1021.99	.000				.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	U				.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL HSC HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0 0 0 0 0 0 1 0 12	Ü		.00 580.86		.00	.000		.00 .00 .00 580.86 .00 80.81		.00
INPATIENT CROSSOVERS	1					.00	.000		580.86		.04
ALL OTHER INPATIENT	0	0		.00		.00 21.08	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	12	46		969.69		21.08	.003		80.81		.07
THEFTOTAL	_	0		.00		.00	.000				
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	0		.00		.00 .00 .00 .00 .00 .00 .00 21.08 .00 .00	.000		.00		.00

03/14/05

0 0 RADIOLOGY .00 .00 .000 .00 .00 .00 1 0 ROOM USE .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 11 46 969.69 21.08 .003 88.15 .07 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,083 #CALIF DEPT OF HEALTH SERV 03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

MADERA COUNTY	CIMMADA OE CED	VICES FOR CASH GRAN	IT - ACED	AID CODE	1 0			03/11/03
				AID CODE	MON'	TIIT V ATTEDA	C E	
0COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY DATHOLOGY	HCEDC	UNITS OF SERVICE	EXPENDITURES	MITERACE COCH				OST PER
13,430 ELIGIBLES	ONLKS	ON DAYS OF CARE	EXPENDITORES			USER		LIGIBLE
ACCOMMINITAL HOCDINAL MONAL	704	OR DAIS OF CARE	100 671 71	PER UNIT/DAY \$ 173.22 1396.42 954.64 1292.69 379.47	PER ELIG	613.10		
COMMUNITY HOSPITAL TOTAL	107	2,775 s	480,671.71 410,546.01 142,241.39	i 1/3.22	.207 \$		Ş	
COMM HOSP INPATIENT TOTAL	137	294	410,546.01	1396.42	.022	2996.69		30.57
HSC HOSPITALS	19	149	142,241.39	954.64	.011	7486.39		10.59
NON-HSC HOSPITALS TOTAL	24	145	187,439.53	1292.69	.011	7809.98		13.96
ACCOMMODATIONS	24	145	55,022.64	379.47	.011	2292.61		4.10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	24	145	55,022.64	379.47	.011	2292.61		4.10
ANCILLARIES	24	0	132,416.89	.00	.000	5517.37		4.10 9.86
INPATIENT CROSSOVERS	95	0	80,865.09	.00	.000	851.21		6.02
ALL OTHER INPATIENT	0	0 2,481	,00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	678	2.481	70,125,70	28.27	.185	103.43		5.22
MEDICAL	1	1	30.52	30.52	.000	.00 103.43 30.52 211.13		.00
SURGERY	2	3	422 25	140 75	.000	211 13		.03
PATHOLOGY	4	20	197 55	9 88	.001	49 39		.01
DADTOLOCA	7	9	187,439.53 55,022.64 .00 .55,022.64 132,416.89 80,865.09 .00 70,125.70 30.52 422.25 197.55 513.94	9.88 57.10	.001	49.39 73.42		.04
DOOM HEE	,	2	121.82		.000	40.61		.01
RADIOLOGI ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	5	2,481 1 3 20 9 3 2,445	68,839.62	28.16	.182	102.44		5.13
CROSSOVERS/ALL OIR OUIPINI	0	2,445	00,039.02				Ċ	
@STATE HOSPITAL	U	· · ·	• • • •		.000 \$		Ş	.00
MENTALLY ILL	U	0	.00		.000	.00		.00
DEVELOP. DISABLED	0	0	.00		.000	.00	_	.00
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	195	-/	627,754.43	· ·		3219.25	Ş	46.74
LEV A-INTERMEDIATE	U	0	.00			.00		.00
LEV B-REHAB MD	0	0	.00		.000	.00		.00
LEV B-SUBACUTE FREESTANDING	9 0	0 0 0 0 4,200	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.000	.00		.00
LEV B-REGULAR	195	4,200	627,754.43	149.47	.313	3219.25		46.74
@INTERMEDIATE CARE FACILDD	0 0 195	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00		.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
GINTERMEDIATE CARE FACILDD ICF DDH ICF DD JCF DDN/DDCN GHEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER GREHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY GLABORATORY FACILITY PATHOLOGY XO AND OTHERS	63	77 \$.00	\$ 298.28	.006 \$		Ś	1.71
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	63	77	22,967.69		.006	364.57		1.71
GREHARII.TTATION FACTI.TTY	1	1 5			.000 \$		Ś	.00
HOGDITAL BAGED	1	1	31.07		.000	31.07	Y	.00
TNDEDENDEND EXCTITUV	0	0	.00		.000	.00		.00
INDEFENDENT FACILITY	2.4	69 \$.005 \$		Ċ	.05
DATIO OCY	24	69 4	649.93 552.70				Ą	
PATHOLOGI WO AND OFFIEDS	5	63			.005	29.09		.04
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	1 674	0 540	97.23	16.21	.000	19.45	<u> </u>	.01
CORGANIZED OUTPATIENT CLINIC	1,6/4	,	110,260.24	\$ 43.27	.190 \$	65.87	Ş	8.21
CLINIC	O	U		.00	.000			.00
SURGICENTER	23	25	2,221.71		.002	96.60		.17
HEROIN DETOX CLINIC	0	0	.00		.000	.00		.00
RURAL HEALTH CLINIC	1,653	2,523	108,038.53	42.82	.188	65.36		8.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DE	2 2004	PA	GE 6,084

MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 03/14/05

						M	ONTHLY AVERA	GE	
13,430 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	CO	ST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	EL:	IGIBLE
@ALL OTHER PROVIDERS	1,481	223,617	\$	177,063.07	\$.79	16.651	\$ 119.56	\$	13.18
DURABLE MED. EQUIP.	17	29		9,332.01	321.79	.002	548.94		.69
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	37	54		14,744.43	273.05	.004	398.50		1.10
MEDICAL TRANSPORTATION	110	11,192		38,892.72	3.48	.833	353.57		2.90
AMBULANCES/AIR TRANS	33	523		5,866.62	11.22	.039	177.78		.44
OTHER TRANS	75	10,437		32,745.01	3.14	.777	436.60		2.44
OTHER SERVICES	13	232		281.09	1.21	.017	21.62		.02
ACUPUNCTURE	1	6		108.13	18.02	.000	108.13		.01
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	99	409		35,567.73	86.96	.030	359.27		2.65
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	282	650		7,821.58	12.03	.048	27.74		.58
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	7	9		9.97	1.11	.001	1.42		.00
PROSTHETIST/ORTHOTISTS	3	4		160.36	40.09	.000	53.45		.01
PROSTHETICS	3	4		160.36	40.09	.000	53.45		.01
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	55	104		20,923.76	201.19	.008	380.43		1.56
HOSPICE SERVICES	2	30		3,331.62	111.05	.002	1665.81		.25
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	970	211,130		46,170.76	.22	15.721	47.60		3.44
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3,676	36,077	\$	431,328.48	\$ 11.96	2.686	\$ 117.34	\$	32.12
A* TOTATO IN TUESE IINES ADE CIN	EN VG V CEDV.	DATE THEODMATION	ТТЕМ	ONIT V .					

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,085 MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 03/14/05

MONIBULL V ALIEDACE

	MONTHLY AVERAGE								
1,239 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,053	99 , 651	\$	1,180,518.03	\$ 11.85	80.429	1121.10	\$ 952.80	
@PHYSICIANS SERVICES	395	1,680	\$	59,245.24	\$ 35.27	1.356	149.99	\$ 47.82	
OUTPATIENT VISITS	166	276		9,994.51	36.21	.223	60.21	8.07	
OFFICE VISITS	111	162		4,520.62	27.91	.131	40.73	3.65	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	39	49		3,503.04	71.49	.040	89.82	2.83	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	3	29		636.73	21.96	.023	212.24	.51	
OTHER OUTPATIENT	26	36		1,334.12	37.06	.029	51.31	1.08	
INPATIENT VISITS	35	249		10,694.41	42.95	.201	305.55	8.63	
HOSPITAL VISITS	29	192		8,653.71	45.07	.155	298.40	6.98	
CRITICAL CARE	0	0		.00	.00	.000	.00	.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	6	57	2,040.70	35.80	.046	340.12	1.65
OPHTHALMOLOGICAL SERVICES	19	21	784.10	37.34	.017	41.27	.63
EXAMINATIONS	19	21	784.10	37.34	.017	41.27	.63
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	107	10,823.90	101.16	.086	541.20	8.74
PRINCIPAL SURGEON	15	30	8,113.13	270.44	.024	540.88	6.55
ASSISTANT SURGEON	2	2	561.03	280.52	.002	280.52	.45
ANESTHESIOLOGIST	8	75	2,149.74	28.66	.061	268.72	1.74
OUTPATIENT SURGERY	15	21	4,186.15	199.34	.017	279.08	3.38
PRINCIPAL SURGEON	13	14	3,923.61	280.26	.011	301.82	3.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	262.54	37.51	.006	131.27	.21
DIALYSIS	4	13	752.84	57.91	.010	188.21	.61
PATHOLOGY	33	136	792.24	5.83	.110	24.01	.64
RADIOLOGY	87	196	7,361.94	37.56	.158	84.62	5.94
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	13	299.97	23.07	.010	27.27	.24
OTHER SERVICES/ALL X-OVERS	216	648	13,555.18	20.92	.523	62.76	10.94
@PHARMACY	883	59 , 665	\$ 437,063.77	\$ 7.33	48.156	\$ 494.98	\$ 352.76
PRESCRIPTION DRUGS	856	3,854	410,224.78	106.44	3.111	479.23	331.09
SNF/ICF	38	216	19,593.32	90.71	.174	515.61	15.81
OUTPATIENTS	827	3,638	390,631.46	107.38	2.936	472.35	315.28
MEDICAL SUPPLIES	228	55,811	26,838.99	.48	45.045	117.71	21.66
@DENTIST	81	410	\$ 12,218.50	\$ 29.80	.331	\$ 150.85	\$ 9.86
VISITS - DIAGNOSTIC	62	288	3,020.50	10.49	.232	48.72	2.44
ORAL SURGERY	14	48	3,088.00	64.33	.039	220.57	2.49
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.002	100.00	.16
PERIODONTICS	10	11	983.00	89.36	.009	98.30	.79
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	14	34	2,360.00	69.41	.027	168.57	1.90
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02

DENTURES, STAYPLATES	7	24	2,387.00	99.46	.019	341.00	1.93
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.002	150.00	.12
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE 6,086
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FO	OR CASH GRANT	Γ - BLIND	AID CODE	20		

MADERA COUNTY	SUMMARY OF SER	VICES FOR CASH	GRANT	- BLIND		AID CODE	20				
							M	CNO	THLY AVERA	GE	
1,239 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURE	S AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CA	RE		PE	ER UNIT/DAY	PER ELIG	ř	USER		ELIGIBLE
@OPTOMETRIST	16	41	\$	957.4	3 \$	23.35	.033	\$	59.84	\$.77
DIAGNOSTIC AND ANC. PROCED	8	10		369.5	8	36.96	.008		46.20		.30
EYE APPLIANCES	11	29		570.9	4	19.69	.023		51.90		.46
OTHER OPTOMETRIC SERVICES	1	2		16.9	1	8.46	.002		16.91		.01
@CHIROPRACTOR	12	22	\$	367.8	4 \$	16.72	.018	\$	30.65	\$.30
VISITS	12	22		367.8	4	16.72	.018		30.65		.30
OTHER SERVICES	0	0		.0	0	.00	.000		.00		.00
@PODIATRIST	23	26	\$	328.3	3 \$.021	\$	14.28	\$.26
MEDICINE/INJECTIONS	6	6		144.0	0	24.00	.005		24.00		.12
SURGERY/ANES.	0	0		.0	0	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.0	0	.00	.000		.00		.00
OTHER	17 0	20		184.3	3	9.22	.016		10.84		.15
@HOME HEALTH AGENCY	9	183	\$	6 , 537.7	1 \$	35.73	.148		726.41	\$	5.28
NURSE ANESTHESIST	0	0	\$.0	0 \$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	\$.0	0 \$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.0	0 \$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.0		.00	.000		.00	\$.00
@TOTAL HOSPITAL	176	1,034	\$	342,620.1	7 \$	331.35	.835	\$	1946.71	\$	276.53
HOSP INPATIENT TOTAL	37	236		313,879.0		1330.00	.190		8483.22		253.33
HSC HOSPITALS	19	177		233,356.0		1318.40	.143		12281.90		188.34
NON-HSC HOSPITAL TOTAL	10	59		73,856.3		1251.80	.048		7385.64		59.61
ACCOMMODATIONS	10	59		19,173.0		324.97	.048		1917.30		15.47
ADMINISTRATIVE DAYS	0	0		.0		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.0		.00	.000		.00		.00
ALL OTHER ACCOM	10	59		19,173.0		324.97	.048		1917.30		15.47
ANCILLARIES	10	0		54,683.3		.00	.000		5468.33		44.14
INPATIENT CROSSOVERS	8	0		6 , 666.7		.00	.000		833.34		5.38
ALL OTHER INPATIENT	0	0		.0		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	153	798		28,741.0		36.02	.644		187.85		23.20
MEDICAL	27	50		1,950.8		39.02	.040		72.25		1.57
SURGERY	12	14		2,071.3		147.95	.011		172.61		1.67
PATHOLOGY	40	241		3,171.2		13.16	.195		79.28		2.56
RADIOLOGY	44	70		7,940.5		113.44	.056		180.47		6.41
ROOM USE	59	107		4,429.8		41.40	.086		75.08		3.58
CROSSOVERS/ALL OTH OUTPTNT		316		9,177.3		29.04	.255		101.97		7.41
@COUNTY HOSPITAL TOTAL	0	0	\$.0		.00	.000	\$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.0		.00	.000		.00		.00
HSC HOSPITALS	0	0		.0		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.0		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.0		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.0		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.0		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.0		.00	.000		.00		.00
ANCILLARIES	0	0		.0	U	.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES 1	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 6,087
MOP024	FEE-FOR-SERVICE/DENTAL	ı					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FO	R CASH GRANT	- BLIND	AID CODE	20		
					MONTH	ILY AVERAG	E

HADEINA COONII	SOMMANT OF SERV	VICES FOR CASH GRAN	1 0111	IND		AID CODE	M	\bigcirc NIT	THLY AVERA	CE	
1,239 ELIGIBLES	USERS	UNITS OF SERVICE	т.	EXPENDITURES	74 7 7 77	DACE COCH	UNITS/DAY			UGE	COST PER
1,239 ELIGIBLES	OSEKS	OR DAYS OF CARE	Ē	TVEFNDIIOVES			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	176	1,034 \$		342,620.17	\$				1946.71	Ċ	276.53
COMM HOSP INPATIENT TOTAL	37	236		313,879.09		1330.00	.190	۲	8483.22	۲	253.33
HSC HOSPITALS	19	177		233,356.01		1318.40	.143		12281.90		188.34
	19										
NON-HSC HOSPITALS TOTAL	10	59		73,856.35		1251.80	.048		7385.64		59.61
ACCOMMODATIONS	10	59		19,173.02		324.97	.048		1917.30		15.47
ADMINISTRATIVE DAYS	•	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	59		19,173.02		324.97	.048		1917.30		15.47
ANCILLARIES	10	0		54,683.33		.00	.000		5468.33		44.14
INPATIENT CROSSOVERS	8	0		6,666.73		.00	.000		833.34		5.38
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	153	798		28,741.08		36.02	.644		187.85		23.20
MEDICAL	27	50		1,950.86		39.02	.040		72.25		1.57
SURGERY	12	14		2,071.31		147.95	.011		172.61		1.67
PATHOLOGY	40	241		3,171.25		13.16	.195		79.28		2.56
RADIOLOGY	44	70		7,940.53		113.44	.056		180.47		6.41
ROOM USE	59	107		4,429.82		41.40	.086		75.08		3.58
CROSSOVERS/ALL OTH OUTPINT		316		9,177.31		29.04	.255		101.97		7.41
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	24	761 \$		146,304.78	\$	192.25	.614	\$	6096.03	\$	118.08
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	6	146		50,315.67		344.63	.118		8385.95		40.61
LEV B-SUBACUTE HSPTL BASED	1	38		19,609.14		516.03	.031		19609.14		15.83
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	17	577		76,379.97		132.37	.466		4492.94		61.65
@INTERMEDIATE CARE FACILDD	8	262 \$		44,683.61	\$	170.55		\$	5585.45	\$	36.06
ICF DDH	8	262		44,683.61		170.55	.211		5585.45		36.06
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	79	192 \$			\$.155	Ś		Ś	31.57
HOSPITAL BASED	0	0		.00	-	.00	.000	-1	.00	-	.00
HEMODIALYSIS CENTER	79	192		39,116.76		203.73	.155		495.15		31.57
@REHABILITATION FACILITY	3	9 \$			Ś	19.34	.007	Ś		Ś	.14
HOSPITAL BASED	1	1		97.29	Τ	97.29	.001	~	97.29	т	.08
INDEPENDENT FACILITY	2	8		76.79		9.60	.006		38.40		.06
@LABORATORY FACILITY	79	365 \$		3,805.64	Ś		.295	Ś		Ś	3.07
PATHOLOGY	78	359		3,794.68	т	10.57	.290	~	48.65	~	3.06
XO AND OTHERS	1	6		10.96		1.83	.005		10.96		.01
VO WIND OTHERO	1	U		10.90		1.00	.005		10.90		• O T

@ORGANIZED OUTPATIENT CLINIC	216	358 \$ 5 11 6	34,116.40	\$ 95.30	.289 \$	157.95	\$	27.54
CLINIC	1	5	510.66	102.13	.004	510.66		.41
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	4	11	424.75	38.61	.009	106.19		.34
HEROIN DETOX CLINIC	1	6	87.60	14.60	.005	87.60		.07
RURAL HEALTH CLINIC	212	336	33,093.39	98.49	.271	156.10		26.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DEG	2004	PA	GE 6,088
MOP024	FEE-FOR-SERVICE	C/DENTAL						03/14/05
MOP024 MADERA COUNTY	SUMMARY OF SERV	VICES FOR CASH GRANT	- BLIND	AID CODE	2.0			, , , , , , , , , , , , , , , , , , , ,
					MON'	THLY AVERA	GE -	
1,239 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
1,203 221012220	00210	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E.	LIGIBLE
GALL OTHER PROVIDERS	222	34 643 \$	52 977 77	\$ 1.53	27 960 S	238 64	s =	42 76
DURABLE MED FOULD	15	27	5 902 84	218 62	022	393 52	۲	4 76
BIOOD BANK	10		0,002.04	210.02	000	00		0.0
DECOD DANK	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	75	5 400	25 715 30	1.60	1 120	3/2 07		20 75
MEDICAL INANSPORTATION	73	5,400	25,715.59	4.09	4.423	204 07		4 (2
AMBULANCES/AIR TRANS	28	J 8 0 1	10 043 30	9.79	.4/3	204.87		4.03
OTHER TRANS	40	4,881	19,943.30	4.09	3.939	433.33		10.10
OTHER SERVICES	1	21	35./8	1.70	.01/	35.78		.03
ACUPUNCTURE	U	U	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	Ü	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	18	47	5,599.06	119.13	.038	311.06		4.52
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	32	76	1,091.64	14.36	.061	34.11		.88
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	2	404.37	202.19	.002	.00		.33
1,239 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE	0	2	404.37	202.19	.002	.00		.33
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	2	4	166.69	41.67	.003	83.35		.13
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	1 9	1.704	8.064.96	4.73	1.375	424.47		6.51
EPSDT SUPPLEMENTAL SERVICE	0	-,	.00	.00	.000	.00		. 00
RESPIRATORY CARE PRACT	0	0	0.0	0.0	000	0.0		0.0
PED SIBACITE REHAB/WEANING	0	Ô	0.0	00	000	00		00
ALL OTHER PROVIDERS	87	27 295	6 032 82	22	22 030	69 34		4 87
ALL OTHER TROVIDERS	38	1 946 \$	120 882 42	\$ 62 12	1 571 ¢	3181 12	Ġ	97 56
@XOVER EXCLUDING STATE HOSP*	* 238	1 107 \$	61,013.31	\$ 55.12	803 \$	256 36	¢	49.24
@* TOTALS IN THESE LINES ARE	CIVEN AC A CEDA	T, TO / Y	ONT V.	7 33.12	.095 7	230.30	Ÿ	49.24
THE AMOUNTS ARE ALREADY IN	GIVEN AS A SEPAR	CALE INFORMATION TIEM	ONLI;					
** THESE DATA ARE INCLUDED								
					0004 ==================================	~ 0004	-	an 6 000
		CES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DEC	2 2004	PA	
MOP024	FEE-FOR-SERVICE				6.0			03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	- DISABLED	AID CODE				
					MON'			
40,256 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				OST PER
_		OR DAYS OF CARE		PER UNIT/DAY		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	34,389	2,509,406 \$	27,793,091.24	\$ 11.08	62.336 \$			690.41
@PHYSICIANS SERVICES	11,446	53,301 \$	1,779,705.42	\$ 33.39	1.324 \$		\$	44.21
OUTPATIENT VISITS	5 , 786	9 , 257	347,915.69	37.58	.230	60.13		8.64
OFFICE VISITS	4,097	6,242	190,051.80	30.45	.155	46.39		4.72
HOME VISITS	45	75	2,815.98	37.55	.002	62.58		.07
EMERGENCY ROOM	1,314	1,804	114,575.19	63.51	.045	87.20		2.85
	•	•	•					

PREVENTIVE CARE	13	13		570.58		43.89	.000		43.89		.01
OB VISITS/COMPRE PERI	28	182		5,202.62		28.59	.005		185.81		.13
OTHER OUTPATIENT	702	941		34,699.52		36.88	.023		49.43		.86
INPATIENT VISITS	893	4,745		281,311.94		59.29	.118		315.02		6.99
HOSPITAL VISITS	686	3,904		186,476.05		47.77	.097		271.83		4.63
CRITICAL CARE	86	554		85,804.27		154.88	.014		997.72		2.13
SNF/ICF/TRANS IP CARE	193	287		9,031.62		31.47	.007		46.80		.22
OPHTHALMOLOGICAL SERVICES	342	408		15,518.19		38.03	.010		45.37		.39
EXAMINATIONS	340	406		15,462.90		38.09	.010		45.48		.38
SERVICES AND MATERIALS	2	2		55.29		27.65	.000		27.65		.00
INPATIENT HOSPITAL SURGERY	301	1,780		162,170.11		91.11	.044		538.77		4.03
PRINCIPAL SURGEON	225	360		129,003.46		358.34	.009		573.35		3.20
ASSISTANT SURGEON	24	26		5,358.76		206.11	.001		223.28		.13
ANESTHESIOLOGIST	100	1,394		27,807.89		19.95	.035		278.08		.69
OUTPATIENT SURGERY	688	1,566		141,891.77		90.61	.039		206.24		3.52
	568	695		122,487.40		176.24	.039		215.65		3.04
PRINCIPAL SURGEON	8	17		708.63		41.68	.000		88.58		.02
ASSISTANT SURGEON ANESTHESIOLOGIST	149	854		18,695.74		21.89	.000		125.47		.46
DIALYSIS	47	277		14,246.29		51.43	.007		303.11		.35
PATHOLOGY	1,334	3,338		43,386.68		13.00	.083		32.52		1.08
RADIOLOGY	2,562	5,215		182,126.66		34.92	.130		71.09		4.52
PSYCHIATRY	3	3		189.90		63.30	.000		63.30		.00
IMMUNIZATION AND INJECTION	399	9,312		282,584.06		30.35	.231		708.23		7.02
OTHER SERVICES/ALL X-OVERS	5,004	17,400		308,364.13			.432		61.62		7.66
@PHARMACY	27 , 482		\$	12,003,630.81	\$		28.932	Ş		Ş	298.18
PRESCRIPTION DRUGS	26 , 791	125,625		11,423,465.49		90.93	3.121		426.39		283.77
SNF/ICF	728	4,979		451,895.11		90.76	.124		620.74		11.23
OUTPATIENTS	26 , 170	120,646		10,971,570.38		90.94	2.997		419.24		272.54
MEDICAL SUPPLIES	4,359	1,039,076		580,165.32		.56	25.812		133.10		14.41
@DENTIST	2,446	•	\$	381,981.02	\$.304	\$		\$	9.49
VISITS - DIAGNOSTIC	1,727	8 , 389		89 , 931.23		10.72	.208		52.07		2.23
ORAL SURGERY	363	895		56,656.00		63.30	.022		156.08		1.41
DRUGS	25	55		925.00		16.82	.001		37.00		.02
ANESTHESIA	17	17		1,600.00		94.12	.000		94.12		.04
PERIODONTICS	327	344		31,471.50		91.49	.009		96.24		.78
ENDODONTICS	128	199		40,819.00		205.12	.005		318.90		1.01
RESTORATIVE DENTISTRY	613	1,477		92,288.55		62.48	.037		150.55		2.29
PROSTHETICS	41	43		1,110.00		25.81	.001		27.07		.03
DENTURES, STAYPLATES	253	695		62,584.51		90.05	.017		247.37		1.55
SPACE MAINTAINERS	3	5		222.00		44.40	.000		74.00		.01
MAXILLOFACIAL SERVICES	16	18		1,893.23		105.18	.000		118.33		.05
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	17	24		2,165.00		90.21	.001		127.35		.05
ALL OTHER SERVICES	49	64		315.00		4.92	.002		6.43		.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S M		ZPORT			DEC		PZ	AGE 6,090
MOP024	FEE-FOR-SERVICE				JI 01()	1 1010 01110 2	.001 111110		2001		03/14/05
MADERA COUNTY		ICES FOR CASH GRA	NТ	- DISABLED		AID CODE	60				03/11/03
THIDDIUL COONTT	SOUTH IN OF SERV	rield for chem did:	TIVI	DIGINDEED		MID CODE	M	ОМТЕ	II.V AWERA	CF -	
40,256 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z 17F	ERAGE COST					COST PER
40,230 EDIGIDDES	OSERS	OR DAYS OF CARE		EXTENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	661		\$	37,872.79	\$	22.46	.042		57.30		.94
DIAGNOSTIC AND ANC. PROCED	368	421	۲	15,958.05	۲	37.91	.010	٧	43.36	Y	.40
EYE APPLIANCES	448	1,182		19,442.38		16.45	.029		43.30		.40
	448 58	83		2,472.36		29.79	.029		43.40		
OTHER OPTOMETRIC SERVICES			ċ	-	Ċ			ċ		ċ	.06
@CHIROPRACTOR	262		\$	6,138.67	\$	16.46	.009	Ş	23.43	Ş	.15
VISITS	245	350		5,847.82		16.71	.009		23.87		.15

OTHER SERVICES	17	23	290.85	12.65	.001	17.11	.01
@PODIATRIST	415	540	\$ 10,984.97	\$ 20.34	.013	\$ 26.47	\$.27
MEDICINE/INJECTIONS	220	248	7,081.69	28.56	.006	32.19	.18
SURGERY/ANES.	6	6	912.95	152.16	.000	152.16	.02
RADIO./PATHOLOGY	5	5	86.50	17.30	.000	17.30	.00
OTHER	191	281	2,903.83	10.33	.007	15.20	.07
@HOME HEALTH AGENCY	198	7 , 753	\$ 265,829.61	\$ 34.29	.193	\$ 1342.57	\$ 6.60
NURSE ANESTHESIST	29	341	\$ 3 , 887.97	\$ 11.40	.008	\$ 134.07	\$.10
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	1	3	\$ 33.24	\$ 11.08	.000	\$ 33.24	\$.00
FAMILY NURSE PRACTITIONER	7	7	\$ 191.60	\$ 27.37	.000	\$ 27.37	\$.00
@TOTAL HOSPITAL	6,122	37,436	\$ 7,098,553.41	\$.930	\$ 1159.52	\$ 176.34
HOSP INPATIENT TOTAL	693	3 , 769	5,956,664.42	1580.44	.094	8595.48	147.97
HSC HOSPITALS	340	2,491	3,714,297.28	1491.09	.062	10924.40	92.27
NON-HSC HOSPITAL TOTAL	187	1,278	2,090,255.84	1635.57	.032	11177.84	51.92
ACCOMMODATIONS	187	1,278	627 , 469.75	490.98	.032	3355.45	15.59
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	186	1,275	626 , 775.85	491.59	.032	3369.76	15.57
ANCILLARIES	187	0	1,462,786.09	.00	.000	7822.39	36.34
INPATIENT CROSSOVERS	181	0	152,111.30	.00	.000	840.39	3.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5 , 686	33 , 667	1,141,888.99	33.92	.836	200.82	28.37
MEDICAL	1,379	3,319	191,587.49	57.72	.082	138.93	4.76
SURGERY	443	536	44,211.87	82.48	.013	99.80	1.10
PATHOLOGY	1,918	9,922	119,064.42	12.00	.246	62.08	2.96
RADIOLOGY	1,620	2,421	222,369.60	91.85	.060	137.27	5.52
ROOM USE	2,438	3,843	159 , 991.82	41.63	.095	65.62	3.97
CROSSOVERS/ALL OTH OUTPTNT	2,880	13,626	404,663.79	29.70	.338	140.51	10.05
@COUNTY HOSPITAL TOTAL	35	120	\$,	\$.003		\$.61
CO HOSPITAL INPATIENT TOTAL	4	24	22,151.01	922.96	.001	5537.75	.55
HSC HOSPITALS	1	3	3,300.00	1100.00	.000	3300.00	.08

NON-HSC HOSPITALS TOTAL	3	21		18,851.01	897.67	.001	6283.67		. 47
ACCOMMODATIONS	3	0.1		10 111 00	482.91	.001	3380.40		.25
A DMINIT CHID A HILLE DAVIC	0	21 0 0 21 0 0 0 96 30 0 17 6 24		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	3	21		10,141.20	482.91	.001	3380.40		.25
ALL OIDER ACCOM	3	21		8,709.81		.000	2903.27		.22
ANCIDLANTES	0	0		.00	.00				.00
INPATIENT CROSSOVERS	0	0		.00		.000	.00		.00
ALL OTHER INPATIENT	21	0		.00 2,466.99	.00	.000	.00 79.58 52.20		
CO HOSP OUTPATIENT TOTAL	31 19	96		2,466.99	25.70 33.06	.002	79.58		.06
	19	30		991.76	33.06	.001	52.20		.02
SURGERY	0	0		.00	.00 6.85	.000	.00 58.25		.00
PATHOLOGY	2	1./		116.49	6.85		58.25		.00
RADIOLOGY	4	6		156.74	26.12 37.36	.000	39.19		.00
ROOM USE	22				37.36	.001	40.75		.02
CROSSOVERS/ALL OTH OUTPINT		19		305.47	16.08	.000	30.55		.01
#CALIF DEPT OF HEALTH SERV			URES M	IONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DE	C 2004	P.	AGE 6,091
MOP024	FEE-FOR-SERVICE	C/DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR CASH	GRANT	- DISABLED	AID CODE	60			
						MON	THLY AVERA	GE	
40,256 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CA	RE		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6 , 097	37 , 316	\$	7,073,935.41	\$ 189.57	.927 \$	1160.23	\$	175.72
COMM HOSP INPATIENT TOTAL	691	3,745		5,934,513.41	1584.65	.093	8588.30		147.42
HSC HOSPITALS	339	2,488		3,710,997.28	1491.56	.062	10946.89		92.18
NON-HSC HOSPITALS TOTAL	185	1,257		2,071,404.83	1647.90	.031	11196.78		51.46
ACCOMMODATIONS	185	1,257		617,328.55	491.11	.031	3336.91		15.34
ADMINISTRATIVE DAYS	1	. 3		693.90	231.30	.000	693.90		.02
TRANSITIONAL IP CARE	1 0 184 185 181	0		.00	\$ 189.57 1584.65 1491.56 1647.90 491.11 231.30 .00 491.73 .00	.000	.00		.00
ALL OTHER ACCOM	184	1,254		616,634.65	491.73	.031	3351.28		15.32
ANCILLARIES	185	0		1.454.076.28	.00	.000	7859.87		36.12
INPATIENT CROSSOVERS	181	0		152,111.30	. 00	.000	840.39		3.78
ALL OTHER INPATIENT	0	0		616,634.65 1,454,076.28 152,111.30	.00 .00 33.94 57.95	.000	.00		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	5.663	33.571		1,139,422.00	33 94	.834	201 20		
MEDICAL.	1.362	3.289		190,595.73	57 95	.082	201.20 139.94		28.30 4.73
SURGERY	443			44,211.87	82 48	.013	00 00		1.10
PATHOLOGY	1,916	536 9,905		118,947.93	82.48 12.01	.246	62.08		2.95
RADIOLOGY	1,616	2,415		222 212 06	92 01	.060	137 51		5.52
ROOM USE	2,422	2,415 3,819		159,095.29	92.01 41.66	.095	137.51 65.69		3.95
		12 607		404,358.32	29.72	.338	140.89		10.04
CROSSOVERS/ALL OTH OUTPINT	2,070	13,607	\$.00	\$.00	.000 \$		ċ	.00
@STATE HOSPITAL	0	0	Ą	.00	.00	.000		Ą	.00
MENTALLY ILL DEVELOP. DISABLED	0						.00		
	270	0 9 , 987	Ċ	.00	.00	.000	.00	Ċ	.00
@NURSING FACILITY	0 0 0 379		\$	1,356,612.45			3579.45	Ş	33.70
LEV A-INTERMEDIATE	U	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	41	1,304		163,291.43	125.22	.032	3982.72		4.06
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	1	31		8,991.09	290.04				.22
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LIZZZ D DECETTAD	220	0 (5)		0 000 100	1.36.00	715	2 60 02		20 42

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

338

248

16

0

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301

1

300

8,652

7,827

466

0

7,361

2,315

2

2,313

1,184,329.93

1,613,833.84

1,535,079.19

207,430.72

5,228.04

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78,754.65

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ADEUNDITTUNUTON ENCITUV	137	172	Ċ	15,908.19	Ġ	33.70	.012	\$ 116.12	Ċ	.40
UOGDITAL BAGED	137	161	Ÿ	15,646.60						.39
TNDEDENDENT EXCTITUV	133	11		261.59						.01
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	2 502	11 460	Ċ	261.59 120,847.35 120,514.49	Ċ	10 54	.285			3.00
DAMIOLOCY	2,302	11,409	Ą	120,047.33	۲	10.54	.284			2.99
PAINOLOGI	2,400	11,439		332.86		10.54	.001			.01
@ORGANIZED OUTPATIENT CLINIC	14	30 15 , 165	<u> </u>	332.86 1,739,376.09	<u> </u>	11.10 114.70	.001		<u> </u>	
GORGANIZED OUTPATIENT CLINIC	8,836	15,165	\$	1,/39,3/6.09	\$	114.70	.3//	\$ 196.85	\$	
CLINIC	70 188 10	232		5,772.00		24.88	.006	82.46		.14
SURGICENTER	188	768		26,885.80		35.01	.019	143.01 124.10		.67
HEROIN DETOX CLINIC	10	112		1,240.97		11.08	.003	124.10		.03
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	8,660	14,053		1,705,477.32		121.36	.349	196.94		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES I	MONTH-OF-PAYMENT F	REPOR'	r for jan 2	2004 THRU D	EC 2004	PA	GE 6,092
MOP024	FEE-FOR-SERVICE	C/DENTAL								03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR CASH G	RANT	- DISABLED		AID CODE	60			
### ### ##############################							MOI	NTHLY AVERA	GE -	
40,256 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CAR	Œ		PEI	R UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	5 , 721	1,183,805	\$	1,150,273.09	\$.97	29.407	\$ 201.06	\$	28.57
DURABLE MED. EQUIP.	643	1,854		251,360.53		135.58	.046	390.92		6.24
BLOOD BANK	0	. 0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	31	50		15,762.90		315.26	.001	508.48		.39
MEDICAL TRANSPORTATION	952	47.486		257,972.23		5.43	1.180	270.98		6.41
AMBIILANCES/AIR TRANS	747	13.172		145.170.77		11 02	327	194 34		3.61
OTHER TRANS	197	33 873		101 609 48		3 00	841	515 78		2.52
OTHER SERVICES	47	441		11 191 98		25 38	011	238 13		.28
ACIIDINCTIDE	1 3	27		159 56		17 02	001	35 35		.01
ACOLONCIONE	13 Q1	1 329		92 262 58		69 12	.00I	1013 87		2.29
CENETIC DICENCE TECTING	3	1,323		315 00		105.42	.055	1015.07		.01
GENETIC DISEASE LESTING	3	613		313.00		E0 21	.000	103.00		.88
THMC, MODEL-NF, NF, AIDS, MSSP	86	012		33,621.63		38.21	.015	414.21		.88
OCCUPATIONAL THERAPIST	U	0		.00		.00	.000	.00		.00
OPTICIAN	892	2,072		25,000.34		12.07	.051	28.03		.62
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	21	50		717.28		14.35	.001	34.16 503.51		.02
PROSTHETIST/ORTHOTISTS	78	276		39,273.39		142.29	.007	503.51		.98
PROSTHETICS	77	275		39,234.56		142.67	.007	509.54		.97
ORTHOTICS	1	1		38.83		38.83	.000	38.83		.00
PSYCHOLOGIST	7	24		1,813.83		75.58	.001	259.12		.05
SPEECH AND AUDIOLOGY	150	458		33,905.13		74.03	.011	226.03		.84
HOSPICE SERVICES	5	164		20,272.93		123.62	.004	4054.59		.50
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	912	42,682		188,317.13		4.41	1.060	206.49		4.68
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	2,334	1,086,718		187,218.61		.17	26.995	80.21		4.65
@CALIF. CHILDREN SERVICES*	1,223	29,638	Ś	2,970,783.39	Ś	100.24	.736	\$ 2429.10	Ś	73.80
@XOVER EXCLUDING STATE HOSP**	5,480	67,477	Ś	772,159.32	Ś	11.44				
@* TOTALS IN THESE LINES ARE					4		1.070	1 10.50	7	13.10
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLUDED I										
#CALIF DEPT OF HEALTH SERV				MONTH-OF-PAYMENT F	SEDOD!	ר הרב. ארש יו	מ וופשי 2004	EC 2004	DΛ	GE 6,093
MOP024	FEE-FOR-SERVICE		11110 1	MONIII OF TATMENT I	CEL OIC.	I FOR OAN 2	LOO4 IIIKO D	BC 2004	LA	03/14/05
MADERA COUNTY			-33	35 40 42 3A-3M 3P	מב מנ	1 3W AC-AC				00/14/00
MADEINA COUNTI	POLIMENT OF SEK!	TOES FOR CGE 30		33 40 42 3A-3M 3P	2K 2(J JW 4C-4G	MOI	NTHLY AVERA	~F	
96,323 ELIGIBLES	HOEDO	IINTEC OF CERTIC	· Er		71 77	DACE COCH				
30,323 FLIGIDLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS			OST PER
		OR DAYS OF CAR	CL.		PEI	R UNIT/DAY	LEK FITA	USER	E	LIGIBLE

@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS	49,999 16,998 13,260		\$ \$	12,307,148.25 1,569,915.42 640,517.67		49.44 40.47 33.99	2.585 .403 .196		246.15 92.36 48.30		127.77 16.30 6.65
OFFICE VISITS	10,139	13,201		401,891.02		30.44	.137		39.64		4.17
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2,676	2,941		153,634.19		52.24	.031		57.41		1.59
PREVENTIVE CARE	14	14		592.82		42.34	.000		42.34		.01
OB VISITS/COMPRE PERI	538	2,197		69,630.06		31.69	.023		129.42		.72
OTHER OUTPATIENT	429	493		14,769.58		29.96	.005		34.43		.15
INPATIENT VISITS	523	1,488		96,370.44		64.77	.015		184.26		1.00
HOSPITAL VISITS	492	1,208		58,237.72		48.21	.013		118.37		.60
CRITICAL CARE	45	280		38,132.72		136.19	.003		847.39		.40
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	339	374 368		16,837.43		45.02	.004		49.67		.17
EXAMINATIONS SERVICES AND MATERIALS	333 6	308 6		16,727.43 110.00		45.45 18.33	.004		50.23 18.33		.17
INPATIENT HOSPITAL SURGERY	507	1,582		298,240.48		188.52	.016		588.25		3.10
PRINCIPAL SURGEON	357	512		259,454.61		506.75	.005		726.76		2.69
ASSISTANT SURGEON	68	67		11,369.83		169.70	.001		167.20		.12
ANESTHESIOLOGIST	160	1,003		27,416.04		27.33	.010		171.35		.28
OUTPATIENT SURGERY	954	1,892		139,654.41		73.81	.020		146.39		1.45
PRINCIPAL SURGEON	795	949		113,437.89		119.53	.010		142.69		1.18
ASSISTANT SURGEON	7	7		977.27		139.61	.000		139.61		.01
ANESTHESIOLOGIST	226	936		25,239.25		26.97	.010		111.68		.26
DIALYSIS	1	9		721.60		80.18	.000		721.60		.01
PATHOLOGY	2,070	3,322		43,318.08		13.04	.034		20.93		.45
RADIOLOGY	2,784	3 , 954		106,984.03		27.06	.041		38.43		1.11
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	372	1,379		116,456.63		84.45	.014		313.06		1.21
OTHER SERVICES/ALL X-OVERS	1,889	5 , 944		110,814.65		18.64	.062		58.66		1.15
@PHARMACY	25 , 436	•	\$	2,846,634.77	\$.777	\$	111.91	\$	29.55
PRESCRIPTION DRUGS	25 , 267	66,251		2,779,979.79		41.96	.688		110.02		28.86
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	25,267	66,251		2,779,979.79		41.96	.688		110.02		28.86
MEDICAL SUPPLIES	1,048	8,589	<u> </u>	66,654.98	<u>^</u>	7.76	.089	<u> </u>	63.60	<u>^</u>	.69
@DENTIST	6,082	•	\$	873,631.77	\$.395	\$		\$	9.07
VISITS - DIAGNOSTIC	4,165 914	28,333 1,648		305,144.15 97,933.73		10.77 59.43	.294 .017		73.26 107.15		3.17 1.02
ORAL SURGERY DRUGS	134	219		4,128.75		18.85	.017		30.81		.04
ANESTHESIA	47	48		4,600.00		95.83	.002		97.87		.05
PERIODONTICS	213	220		17,345.00		78.84	.002		81.43		.18
ENDODONTICS	372	679		81,168.75		119.54	.007		218.20		.84
RESTORATIVE DENTISTRY	2,369	6,036		304,815.80		50.50	.063		128.67		3.16
PROSTHETICS	9	9		150.00		16.67	.000		16.67		.00
DENTURES, STAYPLATES	43	174		15,114.75		86.87	.002		351.51		.16
SPACE MAINTAINERS	45	63		7,296.00		115.81	.001		162.13		.08
MAXILLOFACIAL SERVICES	60	60		5,959.84		99.33	.001		99.33		.06
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000		1200.00		.01
ORTHODONTIC SERVICES	291	340		27,500.00		80.88	.004		94.50		.29
ALL OTHER SERVICES	132	222		1,275.00		5.74	.002		9.66		.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S N	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2004 THRU	DEC	2004	PA	GE 6,094
MOP024	FEE-FOR-SERVICE										03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-3	33 3	35 40 42 3A-3M 3P 3	3R 31	U 3W 4C-4G		O		CT.	
06 333 ELTGERIEG	HORDO	IINITHO OF OFFICE		EMDENDIBLES	71 7 7 7		M				
96,323 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					OST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@OPTOMETRIST	833	2,155	\$	48,857.27	\$	22.67	.022	\$	58.65	\$.51
DIAGNOSTIC AND ANC. PROCED	609	698		27 , 560.61		39.49	.007		45.26		.29
EYE APPLIANCES	540	1,455		21,261.25		14.61	.015		39.37		.22
OTHER OPTOMETRIC SERVICES	2	1,433 2		35.41		17.71	.000		17.71		.00
@CHIROPRACTOR	300	454	\$	7,574.16	\$	16.68	.005	\$	25.25	\$.08
VISITS	300	454		7,574.16		16.68	.005		25.25		.08
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	96	115	Ś	3,796.62	Ś		.001	Ś	39.55	Ś	.04
MEDICINE /INTEGRIONO	96	111	'	3,595.96		32.40	.001		37.46		.04
SURGERY/ANES.	1	1		84.14		84.14	.000		84.14		.00
RADIO./PATHOLOGY	2	2		41.52		20.76	.000		20.76		.00
OTHER	1	1		75 00		75.00	.000		75.00		.00
@HOME HEALTH AGENCY	1 2 1 29 23 0	1 72 390	Ś	4,818.66 4,920.17	Ś	66.93	.001	Ś	166.16	Ś	.05
NURSE ANESTHESIST	23	300	Ċ	4,920.17	Ċ	12.62	.001		213.92		.05
MILDGE WIDWIFE	23	290	ç	.00		.00	.004			\$.00
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0	0	ې خ	.00		.00	.000		.00		.00
PEDIALRIC NURSE PRACTITIONER	0	1.0	ې د								
FAMILY NURSE PRACTITIONER	9 6,860 517 345 174	0 0 19 25,148	Ş ¢			17.60	.000		37.15		.00
@TOTAL HOSPITAL	6,860	25,148	\$	3,253,714.20	\$.261	\$	474.30	Ş	33.78
HOSP INPATIENT TOTAL	517	1,913		2,539,114.59		1327.29	.020		4911.25		26.36
HSC HOSPITALS	345	1,166		1,873,125.02		1606.45 891.55	.012		5429.35		19.45
NON-HSC HOSPITAL TOTAL	174	747		665 , 989.57			.008		3827.53		6.91
	171	747		225,973.54		302.51	.008		1298.70		2.35
ADMINISTRATIVE DAYS	174 0 0 174 174	0		.00 .00 225,973.54 440,016.03		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0 0 747 0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	174	747		225 , 973.54		302.51	.008		1298.70		2.35
ANCILLARIES	174	0		440,016.03		.00	.000		2528.83		4.57
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	0	0		.00 .00 714,599.61		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6 , 507	23,235		714,599.61		30.76	.241		109.82		7.42
MEDICAL	1,663	2,332		103.490.44		44.38	.024		62.23		1.07
SURGERY	698	903		52,456.67		58.09	.009		75.15		.54
PATHOLOGY	1,980	6,967		79,397.16		11.40	.072		40.10		.82
MEDICAL SURGERY PATHOLOGY RADIOLOGY	1,795	6,967 2,365		79,397.16 162,211.63		68.59	.025		90.37		1.68
ROOM USE	4,350	5,515		221,963.65		40.25	.057		51.03		2.30
CROSSOVERS/ALL OTH OUTPTNT	2.479	5.153		95,080.06		18.45	.053		38.35		.99
@COUNTY HOSPITAL TOTAL	21	5 , 153 78	Ś	7,410.29	Ś		.001	Ś	352.87	Ś	.08
CO HOSPITAL INPATIENT TOTAL	 1	Δ	'	5 408 00		1352.00	.000		5408.00		.06
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	1	4		5,408.00 .00 .00 .00 .00		1352.00	.000		5408.00		.06
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSTITIONAL TO CARE	0	0		.00		.00					.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCTITADIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0		• • •		.00	.000		.00		.00
ALL OTHER INPATIENT	20	74		.00		27.06	.001		100.11		.02
CO HOSP OUTPATIENT TOTAL				2,002.29							
MEDICAL	6	6		303.94		50.66	.000		50.66		.00
SURGERY	1 7	1		18.61		18.61	.000		18.61		.00
PATHOLOGY	'	33		333.21		10.10	.000		47.60		.00
RADIOLOGY	3	8		201.04		25.13	.000		67.01		.00
ROOM USE	14	16		634.13		39.63	.000		45.30		.01
CROSSOVERS/ALL OTH OUTPTNT	9	10		511.36		51.14	.000		56.82		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		JRES MC	NTH-OF-PAYMENT R	EPOR	T FOR JAN 2004	THRU	DEC	2004	P.F	AGE 6,095
MOP024	FEE-FOR-SERVICE/DENT										03/14/05
MADEDA COLLINEY	CHMMADV OF CEDUTCEC	EUD CCE 30	1 22 25	40 40 57 5M 5D	3 D 3	TT 254 AC AC					

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

MADERA COUNTY

96,323 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			OST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,841	25 , 070	\$ -, -,	\$ 129.49		•	\$ 33.70
COMM HOSP INPATIENT TOTAL	516	1,909	2,533,706.59	1327.24	.020	4910.28	26.30
HSC HOSPITALS	344	1,162		1607.33	.012	5429.41	19.39
NON-HSC HOSPITALS TOTAL	174	747		891.55		3827.53	6.91
ACCOMMODATIONS	174	747	225 , 973.54	302.51		1298.70	2.35
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	174	747	225,973.54	302.51	.008	1298.70	2.35
ANCILLARIES	174	0	440,016.03	.00	.000	2528.83	4.57
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,488	23,161	712,597.32	30.77	.240	109.83	7.40
MEDICAL	1,657	2,326	103,186.50	44.36	.024	62.27	1.07
SURGERY	697	902	52,438.06	58.14	.009	75.23	.54
PATHOLOGY	1,973	6 , 934	79,063.95	11.40	.072	40.07	.82
RADIOLOGY	1,792	2,357	162,010.59	68.74	.024	90.41	1.68
ROOM USE	4,337	5,499	221,329.52	40.25	.057	51.03	2.30
CROSSOVERS/ALL OTH OUTPINT	2,470	5,143	94,568.70	18.39	.053	38.29	.98
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	478.60	\$	478.60	.000	\$	478.60	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		478.60		478.60	.000		478.60		.00
@REHABILITATION FACILITY	106	292	\$	10,511.87	\$	36.00	.003	\$	99.17	\$.11
HOSPITAL BASED	105	291		10,490.68		36.05	.003		99.91		.11
INDEPENDENT FACILITY	1	1		21.19		21.19	.000		21.19		.00
@LABORATORY FACILITY	2,462	9,383	\$	114,196.76	\$	12.17	.097	\$	46.38	\$	1.19
PATHOLOGY	2,456	9 , 377		113,839.76		12.14	.097		46.35		1.18
XO AND OTHERS	6	6		357.00		59.50	.000		59.50		.00
@ORGANIZED OUTPATIENT CLINIC	15,090	23,500	\$	3,366,119.34	\$	143.24	.244	\$	223.07	\$	34.95
CLINIC	765	3 , 058		68,182.17		22.30	.032		89.13		.71
SURGICENTER	132	593		23,082.74		38.93	.006		174.87		.24
HEROIN DETOX CLINIC	9	82		966.97		11.79	.001		107.44		.01
RURAL HEALTH CLINIC	14 , 357	19,767		3,273,887.46		165.62	.205		228.03		33.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES 1	MONTH-OF-PAYMENT	REPORT	FOR JAN 200	4 THRU	DEC	2004	PI	AGE 6,096
MOP024	FEE-FOR-SERVICE/DEN	TAL									03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR CGF 30	-33 3	35 40 42 3A-3M 3P	3R 3U	3W 4C-4G					

----- MONTHLY AVERAGE -----96,323 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,264 201,644.27 @ALL OTHER PROVIDERS 35,737 5.64 .371 \$ 47.29 \$ 2.09 DURABLE MED. EQUIP. 62 74 8,732.63 118.01 .001 140.85 .09 BLOOD BANK 0 .00 .00 .000 .00 .00 817.29 817.29 HEARING AID DISPENSERS 1 817.29 .000 .01 471 10.40 156.26 MEDICAL TRANSPORTATION 7,075 73,596.79 .073 .76 AMBULANCES/AIR TRANS 7,070 68,702.03 9.72 .073 145.86 OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES 5 4,894.76 978.95 .000 1223.69 .05 .00 ACUPUNCTURE .00 .00 .000 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 9,030.00 105.00 GENETIC DISEASE TESTING .001 105.00 .09 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 2,045 OPTICIAN 962 19,028.32 9.30 .021 19.78 .20 .00 .00 .00 PHYSICAL THERAPIST 0 .000 0 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 3,834.72 PROSTHETIST/ORTHOTISTS 40 64 .001 59.92 95.87 .04 60.17 97.20 PROSTHETICS 3,790.64 .001 44.08 44.08 ORTHOTICS 1 1 44.08 .000 .00 212.14 PSYCHOLOGIST 17 65 3,606.39 55.48 .001 .04 254.94 SPEECH AND AUDIOLOGY 1,529.65 .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 Ω .00 NONINST BIRTHING CENTERS 0 .000 .00 6,968 79,035.05 LOCAL EDUCATION AGENCIES 2,574 11.34 .072 30.71 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .000 .00 0 .00 .00 RESPIRATORY CARE PRACT. .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 ALL OTHER PROVIDERS 95 19,353 2,433.43 .201 .13 25.62 .03 288 9,767 495,760.98 50.76 @CALIF. CHILDREN SERVICES* .101 \$ 1721.39 \$ 5.15 @XOVER EXCLUDING STATE HOSP** 555.26 138.82 .000 \$ 185.09 \$.01

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,097 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

MADERA COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT -	- TOTAL				
						ONTHLY AVERA	
151,248 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY:		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	95 , 580	3,540,447 \$	45,729,761.17	\$ 12.92	23.408	\$ 478.44	\$ 302.35
@PHYSICIANS SERVICES	30,965	100,050 \$	3,502,935.47	\$ 35.01	.661		
OUTPATIENT VISITS	19,235	28,406	999,420.56	35.18	.188	51.96	6.61
OFFICE VISITS	14,366	19,628	597,230.23	30.43	.130	41.57	3.95
	45	75	•	37.55	.000	62.58	.02
HOME VISITS			2,815.98				
EMERGENCY ROOM	4,033	4,798	271,938.32	56.68	.032	67.43	1.80
PREVENTIVE CARE	27	27	1,163.40	43.09	.000	43.09	.01
OB VISITS/COMPRE PERI	569	2,408	75,469.41	31.34	.016	132.64	.50
OTHER OUTPATIENT	1,157	1,470	50,803.22	34.56	.010	43.91	.34
INPATIENT VISITS	1,454	6,494	388,977.41	59.90	.043	267.52	2.57
HOSPITAL VISITS	1,210	5,316	253,968.10	47.77	.035	209.89	1.68
CRITICAL CARE	131	834	123,936.99	148.61	.006	946.08	.82
SNF/ICF/TRANS IP CARE	199	344	11,072.32	32.19	.002	55.64	.07
	764	866	34,150.39	39.43	.002	44.70	.23
OPHTHALMOLOGICAL SERVICES							
EXAMINATIONS	756	858	33,985.10	39.61	.006	44.95	.22
SERVICES AND MATERIALS	8	8	165.29	20.66	.000	20.66	.00
INPATIENT HOSPITAL SURGERY	828	3,469	471,234.49	135.84	.023	569.12	3.12
PRINCIPAL SURGEON	597	902	396 , 571.20	439.66	.006	664.27	2.62
ASSISTANT SURGEON	94	95	17,289.62	182.00	.001	183.93	.11
ANESTHESIOLOGIST	268	2,472	57,373.67	23.21	.016	214.08	.38
OUTPATIENT SURGERY	1,663	3,498	287,498.70	82.19	.023	172.88	1.90
PRINCIPAL SURGEON	1,380	1,662	241,226.78	145.14	.011	174.80	1.59
ASSISTANT SURGEON	15	24	1,685.90	70.25	.000	112.39	.01
ANESTHESIOLOGIST	380	1,812	44,586.02	24.61	.012	117.33	.29
	52	299	15,720.73	52.58	.012	302.32	.10
DIALYSIS							
PATHOLOGY	3,443	6,819	87,672.07	12.86	.045	25.46	.58
RADIOLOGY	5,445	9,379	296 , 832.20	31.65	.062	54.51	1.96
PSYCHIATRY	3	3	189.90	63.30	.000	63.30	.00
IMMUNIZATION AND INJECTION	784	10,745	399,863.04	37.21	.071	510.03	2.64
OTHER SERVICES/ALL X-OVERS	9,156	30,072	521 , 375.98	17.34	.199	56.94	3.45
@PHARMACY	62,455	1,738,583 \$	18,094,434.79	\$ 10.41	11.495	\$ 289.72	\$ 119.63
PRESCRIPTION DRUGS	61,358	229,176	17,295,316.61	75.47	1.515	281.88	114.35
SNF/ICF	947	6,355	538,027.32	84.66	.042	568.14	3.56
OUTPATIENTS	60,547	222,821	16,757,289.29	75.21	1.473	276.76	110.79
MEDICAL SUPPLIES	7,156	1,509,407	799,118.18	.53	9.980	111.67	5.28
@DENTIST	9,215	53,430 \$	1,377,452.71	\$ 25.78	.353		
•	•	•				65.43	2.74
VISITS - DIAGNOSTIC	6,330	38,717	414,161.38	10.70	.256		
ORAL SURGERY	1,413	2,846	171,898.73	60.40	.019	121.66	1.14
DRUGS	159	274	5 , 053.75	18.44	.002	31.78	.03
ANESTHESIA	66	67	6,400.00	95.52	.000	96.97	.04
PERIODONTICS	634	663	58 , 055.50	87.56	.004	91.57	.38
ENDODONTICS	530	929	132,176.75	142.28	.006	249.39	.87
RESTORATIVE DENTISTRY	3,111	7,794	417,529.35	53.57	.052	134.21	2.76
PROSTHETICS	. 59	61	1,460.00	23.93	.000	24.75	.01
DENTURES, STAYPLATES	449	1,274	122,741.18	96.34	.008	273.37	.81
SPACE MAINTAINERS	48	68	7,518.00	110.56	.000	156.63	.05
MAXILLOFACIAL SERVICES	77	80	8,003.07	100.04	.001	103.94	.05
	1	1	1,200.00	1200.00	.000	1200.00	.01
FRACTURES, DISLOCATIONS			•				
ORTHODONTIC SERVICES	308	364	29,665.00	81.50	.002	96.31	.20
ALL OTHER SERVICES	190	292	1,590.00	5.45	.002	8.37	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,098 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

MADERA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

							M	ON.T.	HLY AVERA	GE.	
151,248 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1,713	4,362	\$	97,160.72	\$	22.27	.029	\$	56.72	\$.64
DIAGNOSTIC AND ANC. PROCED	1,035	1,184		45,626.81			.008		44.08		.30
EYE APPLIANCES	1,125	3,004		47,189.32		15.71	.020		41.95		.31
OTHER OPTOMETRIC SERVICES	122	174		4,344.59		24.97	.001		35.61		.03
@CHIROPRACTOR	501	882	\$	14,553.97	Ċ	16.50	.006	Ċ	24.50	Ċ	.10
GCUIVOLVACION	534	833	۲		Ą	16.69	.006	۲	24.30	۲	.09
VISITS	360			13,906.86							
OTHER SERVICES	34	49	_	647.11	_	13.21	.000	_	19.03	_	.00
@CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	655	848	\$.,	\$.006	Ş		Ş	.11
MEDICINE/INJECTIONS	322	365		10,821.65		29.65	.002		33.61		.07
SURGERY/ANES.	/	7		997.09		142.44	.000		142.44		.01
RADIO./PATHOLOGY	7	7		128.02		18.29	.000		18.29		.00
OTHER	330	469		4,613.48		9.84	.003		13.98		.03
@HOME HEALTH AGENCY	239	8,019	\$	277,830.43	\$	34.65	.053	\$	1162.47	\$	1.84
NURSE ANESTHESIST	59	745	\$	8,915.61		11.97	.005		151.11		.06
NURSE MIDWIFE	0	0	\$		\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	1	3	\$		\$	11.08	.000	Ś	33.24	Š	.00
FAMILY NURSE PRACTITIONER	16	26	\$	525.97					32.87	Ċ	.00
@TOTAL HOSPITAL	12 052	66,444	\$	11,182,219.98	ç		.000	۲	801.42	۲	73.93
	13,953 1,386	6,217	Ş	11,102,219.90	Ş	1402.00	.439	Ą	001.42	ې	61.00
HOSP INPATIENT TOTAL	1,380			9,225,894.91		1483.98	.041		0030.49		
HSC HOSPITALS	/24	3,988		5,968,129.64		1496.52	.026		8243.27		39.46
NON-HSC HOSPITAL TOTAL	395	2,229		3,017,541.29		1353.76	.015		7639.35		19.95
ACCOMMODATIONS	395	2,229		927,638.95		1483.98 1496.52 1353.76 416.17 231.30	.015		2348.45		6.13
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.000		693.90		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	724 395 395 1 0 394 395	2,226		926,945.05		416.42	.015		32.87 801.42 6656.49 8243.27 7639.35 2348.45 693.90 .00 2352.65		6.13
ANCILLARIES	395	0		2,089,902.34		.00	.000		5290.89		13.82
INPATIENT CROSSOVERS	285 0	0		240,223.98		.00	.000		842.89		1.59
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	13 , 034	60,227		1,956,325.07		32.48	.398		150.09 96.73		12.93
MEDICAL	3.071	5,702		297,059.31		52.10	.038		96.73		1.96
SURGERY	3,071 1,155	1,456		99,162.10		68.11	.010		85.85		.66
PATHOLOGY		17,150		201,830.38		11.77	.113		51.19		1.33
RADIOLOGY	3 166	4,865		393,035.70		80.79	.032		113.40		2.60
ROOM USE	3,943 3,466 6,851	9,468		386,507.11		40.82	.063		56.42		2.56
		21,586		578,730.47		26.81	.143		94.41		3.83
CROSSOVERS/ALL OIR OUIPINI	0,130		Ċ		Ċ			Ċ	560.71	<u>_</u>	.26
@COUNTY HOSPITAL TOTAL	69	249	\$	38,688.78	Ş	155.38		Þ		Þ	
CO HOSPITAL INPATIENT TOTAL	/	33		33,249.81		1007.57 1151.50 897.67 482.91	.000		4749.97		.22
HSC HOSPITALS	3	12		13,817.94		1151.50	.000		4605.98		.09
NON-HSC HOSPITALS TOTAL	3	21		18,851.01		897.67	.000		6283.67		.12
ACCOMMODATIONS	3	21		10,141.20		482.91	.000		3380.40		.07
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	21		10,141.20		482.91	.000		3380.40		.07
ANCILLARIES	3	0		8,709.81		.00	.000		2903.27		.06
INPATIENT CROSSOVERS	6,130 69 7 3 3 3 0 0 3 3 1 0 63 26	0		580.86		.00	.000		580.86		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	63	216		5,438.97		25.18	.001		86.33		.04
MEDICAL	26	36		1,295.70		35.99	.000		49.83		.01
	1	1				18.61	.000		18.61		.00
SURGERY	_			18.61							
PATHOLOGY	10	50		449.70		8.99	.000		44.97		.00

51.11 357.78 7 RADIOLOGY 14 25.56 .000 .00 37 ROOM USE 40 1,530.66 38.27 .000 41.37 .01 75 CROSSOVERS/ALL OTH OUTPTNT 30 1,786.52 23.82 .000 59.55 .01 PAGE 6,099 #CALIF DEPT OF HEALTH SERV

03/14/05

CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MADERA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

MADERA COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT	- TOTAL					
					MON'	THLY AVERA	GE -	
151,248 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UN	ITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY P		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,898	66 , 195 \$	11,143,531.20	\$ 168.34	.438 \$	801.81	\$	73.68
COMM HOSP INPATIENT TOTAL	1,381	6,184	9,192,645.10	1486.52	.041	6656.51		60.78
HSC HOSPITALS	721	3,976	5,954,311.70	1497.56	.026	8258.41		39.37
NON-HSC HOSPITALS TOTAL	393	2,208	2,998,690.28	1358.10	.015	7630.26		19.83
ACCOMMODATIONS	393	2,208	917,497.75	415.53	.015	2334.60		6.07
ADMINISTRATIVE DAYS	1	, 3	693.90	231.30	.000	693.90		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	392	2,205	916,803.85	415.78	.015	2338.79		6.06
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	393	2,206 3 0 2,205 0 0 0 60,011 5,666	2,081,192.53	.00	.000	5295.66		13.76
TNPATTENT CROSSOVERS	284	0	239.643 12	0.0	.000	843 81		1.58
ALL OTHER INPATIENT	0	0	0.0	0.0	000	.00 150.28 97.07 85.91		.00
COMM HOSP OUTPATTENT TOTAL	12 982	60 011	1 950 886 10	32 51	397	150 28		12.90
MEDICAL	3,047	5 666	295 763 61	52 20	037	97 07		1.96
GIDCEDV	1 15/	1,455	99 1/3 /9	68 14	010	95 91		.66
DAMACIOCA	3 033	1,455 17,100 4,851	201 200 60	11 70	.113	51.20 113.52		1.33
PADIOLOGY	3,955	1 / 100 1 051	201,300.00	90 05	.032	112 52		2.60
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	6 021	9,428	11,143,531.20 9,192,645.10 5,954,311.70 2,998,690.28 917,497.75 693.90 .00 916,803.85 2,081,192.53 239,643.12 .00 1,950,886.10 295,763.61 99,143.49 201,380.68 392,677.92 384,976.45 576,943.95 .00	40.93	.032	56.44		2.55
CDOCCOVEDC/ALL OHL OUHDHAM	6 102	21,511	576 042 05	40.03	.142	94.55		3.81
CROSSOVERS/ALL OTH OUTPINT	0,102	21 , 311 0 \$	576,943.95	\$.00	.142		Ċ	.00
@STATE HOSPITAL	U	0 \$.00	\$.00		.00	Þ	
MENTALLY ILL	U	0	.00	.00	.000			.00
DEVELOP. DISABLED	0	0	.00 .00 2,130,671.66	.00	.000	.00		.00
CRUSSOVERS/ALL OTH COTPINT (STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED (NURSING FACILITY LEV A-INTERMEDIATE LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE FREESTANDING	599	14,948 \$ 0 1,304 146 69 0 13,429 8,089 \$ 728	2,130,6/1.66	\$ 142.54		3557.05	Ş	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	41	1,304	163,291.43	125.22	.009	3982.72		1.08
LEV B-SUBACUTE FREESTANDING	6	146	50,315.67	344.63		8385.95		.33
LEV B-SUBACUTE HSPTL BASED	2	69	28,600.23	414.50	.000	14300.12		.19
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	551	13,429	1,888,464.33	140.63	.089	3427.34		12.49
@INTERMEDIATE CARE FACILDD	256	8 , 089 \$	1,658,517.45	\$ 205.03	.053 \$	6478.58	\$	10.97
ICF DDH	24	728	123,438.26	169.56	.005	5143.26		.82
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	232	728 0 7,361 2,585 \$	1,535,079.19	\$ 205.03 169.56 .00 208.54	.049			10.15
@HEMODIALYSIS TOTAL	444	7,361 2,585 \$ 2 2,583 774 \$ 754 20 21,286 \$ 21,238	269,993.77	S 104.45	.017 S	608.09	\$	1.79
HOSPITAL BASED	1	2	5,228.04	2614.02 102.50 \$ 34.40	.000	5228.04		.03
HEMODIALYSIS CENTER	443	2,583	264,765.73	102.50	.017	597.67		1.75
@REHABILITATION FACILITY	247	774 \$	264,765.73 26,625.21 26,265.64	\$ 34.40 34.84 17.98	.005 \$	107.79	\$.18
HOSPITAL BASED	240	754	26,265.64	34.84	.005	109.44		.17
INDEPENDENT FACILITY	7	20	359.57	17.98	.000	51.37		.00
@LABORATORY FACILITY	5,067	21,286 \$	359.57 239,499.68 238,701.63	\$ 11.25	.141 \$		\$	1.58
PATHOLOGY	5,041	21,238	238,701.63	11.24	.140	47.35		1.58
XO AND OTHERS	26	21 , 238 48	798.05		000	30.69		.01
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	25.816	41,571 \$	5,249,872.07		.275 \$		Ś	34.71
CLINIC	836	3,295	74,464.83	22 60	.022	89.07	т	.49
SURGICENTER	347	1,397	52,615.00	37 66	009			.35
HEROIN DETOX CLINIC	20	200	2,295.54	11.48	.009	114.78		.02
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	24 882	36 , 679	5,120,496.70	139.60	.243	205.79		33.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAI GEPVI						DΛ	GE 6,100
"CVTTE DELI OF HEVETH SEKA	THUL CAL SEKVI	CTO WIND TATEMENT TONGS M	ONTH OF PAIRBINE K	LICKI FOR UAN 200	1 1111/0 DE	2007	r A	OH 0,100

THIDDIUL COOMIT	DOINGING OF DELIV	VICED FOR CHOIL GIVINI	101111				
					MON	THLY AVERA	GE
151,248 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11,688	1,477,802 \$	1,581,958.20	\$ 1.07	9.771 \$	135.35	\$ 10.46
DURABLE MED. EQUIP.	737	1,984	275,328.01	138.77	.013	373.58	1.82
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	69	105	31,324.62	298.33	.001	453.98	.21
MEDICAL TRANSPORTATION	1,608	71,241	396,177.13	5.56	.471	246.38	2.62
AMBULANCES/AIR TRANS	1,279	21,351	225,475.73	10.56	.141	176.29	1.49
OTHER TRANS	318	49,191	154,297.79	3.14	.325	485.21	1.02
OTHER SERVICES	65	699	16,403.61	23.47	.005	252.36	.11
ACUPUNCTURE	14	33	567.69	17.20	.000	40.55	.00
ADULT DAY HEALTH CARE CTR	91	1,329	92,262.58	69.42	.009	1013.87	.61
GENETIC DISEASE TESTING	89	89	9,345.00	105.00	.001	105.00	.06
IHMC, MODEL-NF, NF, AIDS, MSSP	203	1,068	76,788.44	71.90	.007	378.27	.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,168	4,843	52,941.88	10.93	.032	24.42	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	28	59	727.25	12.33	.000	25.97	.00
PROSTHETIST/ORTHOTISTS	121	346	43,672.84	126.22	.002	360.93	.29
PROSTHETICS	119	344	43,589.93	126.71	.002	366.30	.29
ORTHOTICS	2	2	82.91	41.46	.000	41.46	.00
PSYCHOLOGIST	24	89	5,420.22	60.90	.001	225.84	.04
SPEECH AND AUDIOLOGY	211	572	56,525.23	98.82	.004	267.89	.37
HOSPICE SERVICES	7	194	23,604.55	121.67	.001	3372.08	.16
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3 , 505	51,354	275 , 417.14	5.36	.340	78.58	1.82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	3,486	1,344,496	241,855.62	.18	8.889	69.38	1.60
@CALIF. CHILDREN SERVICES*	1,549	41,351	\$ 3,587,426.79	\$ 86.76	.273	2315.96 \$	23.72
@XOVER EXCLUDING STATE HOSP**	9,397	104,665	\$ 1,265,056.37	\$ 12.09	.692	134.62 \$	8.36

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,101 03/14/05

MADERA COUNTY	SUMMARY OF SERV	VICES FOR 1	185% PR	OGRAM -	INFANTS	AID	CODES 47	69				00, 11, 00
								MO	ТИС	HLY AVERA	GE	
3,050 ELIGIBLES	USERS	UNITS OF S	SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAY				COST PER
·		OR DAYS (OF CARE	1		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,981		,442	\$	1,243,946.07	\$	147.35	2.768	\$	627.94	\$	407.85
@PHYSICIANS SERVICES	974		,416	\$	110,294.62	\$.792				
OUTPATIENT VISITS	834		,280		40,110.43		31.34	.420		48.09		13.15
OFFICE VISITS	725	1,	,114		31,360.48		28.15	.365		43.26		10.28
HOME VISITS	1		1		87.39		87.39	.000		87.39		.03
EMERGENCY ROOM	125		144		7,862.56		54.60	.047		62.90		2.58
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	15		21		800.00		38.10	.007		53.33		.26
INPATIENT VISITS	64		491		48,812.77		99.42	.161		762.70		16.00
HOSPITAL VISITS	51		276		15,612.65		56.57	.090		306.13		5.12
CRITICAL CARE	19		212		33,047.82		155.89	.070		1739.36		10.84
SNF/ICF/TRANS IP CARE	2		3		152.30		50.77	.001		76.15		.05
OPHTHALMOLOGICAL SERVICES	3		5		209.75		41.95	.002		69.92		.07
EXAMINATIONS	3		5		209.75		41.95	.002		69.92		.07
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	15		61		9,277.20		152.09	.020		618.48		3.04
PRINCIPAL SURGEON	12		20		8,017.72		400.89	.007		668.14		2.63
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4		41		1,259.48		30.72	.013		314.87		.41
OUTPATIENT SURGERY	21		34		2,037.14		59.92	.011		97.01		.67
PRINCIPAL SURGEON	17		19		1,510.63		79.51	.006		88.86		.50
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5		15		526.51		35.10	.005		105.30		.17
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	77		89		793.06		8.91	.029		10.30		.26
RADIOLOGY	121		271		3,405.67		12.57	.089		28.15		1.12
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4		4		36.47		9.12	.001		9.12		.01
OTHER SERVICES/ALL X-OVERS	104		181		5,612.13		31.01	.059		53.96		1.84
@PHARMACY	1,148	3,		\$		\$		1.121	Ş	89.09	Ş	33.53
PRESCRIPTION DRUGS	1,137	3,	,196		91,693.89		28.69	1.048		80.65		30.06
SNF/ICF	8		40		2,779.16		69.48	.013		347.40		.91
OUTPATIENTS	1,130	3,	,156		88,914.73		28.17	1.035		78.69		29.15
MEDICAL SUPPLIES	99		223		10,584.39		47.46	.073		106.91		3.47
@DENTIST	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	•		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	•		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	U		U		.00		.00	.000		.00		.00

DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN 2	2004 THRU	DEC	2004	PI	AGE 6,102
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR 185% PR	OGRAM	- INFANTS	AII	CODES 47	69				
							M	CNT	HLY AVERAG	E -	
3,050 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	1	\$	47.45	\$	47.45	.000	\$	47.45	\$.02
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.000		47.45		.02
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$		\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	203CR	\$	5,620.01CR	\$	27.68	.067C	R\$	1873.34CF	ξ\$	1.84CR
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	297	1,384	\$	878,470.63	\$	634.73	.454	\$	2957.81	\$	288.02
HOSP INPATIENT TOTAL	49	477		853,307.03		1788.90	.156		17414.43		279.77
HSC HOSPITALS	48	450		847,299.80		1882.89	.148		17652.08		277.80
NON-HSC HOSPITAL TOTAL	1	27		6,007.23		222.49	.009		6007.23		1.97
ACCOMMODATIONS	1	27		4,763.20		176.41	.009		4763.20		1.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	27		4,763.20		176.41	.009		4763.20		1.56
ANCILLARIES	1	0		1,244.03		.00	.000		1244.03		.41
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	259	907		25,163.60		27.74	.297		97.16		8.25
MEDICAL	74	102		4,372.80		42.87	.033		59.09		1.43
SURGERY	34	45		1,895.66		42.13	.015		55.75		.62
PATHOLOGY	76	280		2,972.02		10.61	.092		39.11		.97
RADIOLOGY	71	87		3,974.50		45.68	.029		55.98		1.30
ROOM USE	179	232		9,109.93		39.27	.076		50.89		2.99
CROSSOVERS/ALL OTH OUTPTNT	108	161		2,838.69		17.63	.053		26.28		.93
@COUNTY HOSPITAL TOTAL	5	8	\$	224.04	\$	28.01	.003	\$	44.81	\$.07
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ō	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	8		224.04		28.01	.003		44.81		.07
MEDICAL	4	4		133.59		33.40	.001		33.40		.04
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		72.70		36.35	.001		36.35		.02
CROSSOVERS/ALL OTH OUTPINT	1	2		17.75		8.88	.001		17.75		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	Z VND EADEMULA Z	TIRES MON		FP∩RT I			DEC		D	AGE 6,103
MOP024	FEE-FOR-SERVICE/I		OKES HOI	VIII OF TATMENT IN	DI OKI I	LOK OAN A	2004 11110		2004		03/14/05
MADERA COUNTY	SUMMARY OF SERVICE		PROCRAM	- INFANTS	ATD (CODES 47	69				03/11/03
PIADEIXA COUNTI	SOMMAN OF SERVIN	CED FOR 1008	LICOGIAN	INFANIO	AID (CODED 47	M	ОМТ	HT.Y AVERA	GE	
3,050 ELIGIBLES	USERS (UNITS OF SERVI	CF	EXPENDITURES	AVER	ACF COST	UNITS/DAY			-	COST PER
3,030 ELIGIBLES	OSEKS	OR DAYS OF CA		EXFENDITORES			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	292	1,376	\$	878,246.59		638.26			3007.69		287.95
COMM HOSP INPATIENT TOTAL	49	477	Ÿ	853,307.03		788.90	.156		17414.43	Y	279.77
	49										
HSC HOSPITALS		450		847,299.80		882.89	.148		17652.08		277.80
NON-HSC HOSPITALS TOTAL	1	27		6,007.23		222.49	.009		6007.23		1.97
ACCOMMODATIONS	1	27		4,763.20		176.41	.009		4763.20		1.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	27		4,763.20		176.41	.009		4763.20		1.56
ANCILLARIES	1	0		1,244.03		.00	.000		1244.03		.41
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	254	899		24,939.56		27.74	.295		98.19		8.18
MEDICAL	70	98		4,239.21		43.26	.032		60.56		1.39
SURGERY	34	45		1,895.66		42.13	.015		55.75		.62
PATHOLOGY	76	280		2,972.02		10.61	.092		39.11		.97
	70	87				45.68	.029		55.98		1.30
RADIOLOGY	177			3,974.50							
ROOM USE		230		9,037.23		39.29	.075		51.06		2.96
CROSSOVERS/ALL OTH OUTPTNT		159		2,820.94		17.74	.052		26.36		.92
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	8	187	\$	79,295.57	\$ 4	424.04		Ś	9911.95	Ś	26.00
ICF DDH	0	0	Y	.00	Υ	.00	.000	٧	.00	Ψ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN		187				424.04	.061		9911.95		26.00
	8		<u> </u>	79,295.57				<u> </u>		<u> </u>	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	284.65		142.33	.001	\$	284.65	\$.09
HOSPITAL BASED	1	2		284.65		142.33	.001		284.65		.09
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	16	28	\$	260.81	\$	9.31	.009	\$	16.30	\$.09
PATHOLOGY	16	28		260.81		9.31	.009		16.30		.09
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
	-	ŭ		1 3 0							.

@ORGANIZED OUTPATIENT CLINIC	403	536 \$	67 , 542.05	\$ 126.01	.176 \$	167.60	\$ 22.14
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.000	.00	.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	403		67,542.05	126 01	176	167.60	22.14
#CALLE DEDE OF REVIEW CEDA	MEDI-CAI CERVIC	CES AND EXPENDITURES MON	JTH_OF_DAVMENT F	DEDODE FOR TAN			
			NIH-OF-FAIMENI F	REPORT FOR JAN	ZUU4 INKU DE	2004	
	FEE-FOR-SERVICE						03/14/05
MADERA COUNTY	SUMMARY OF SERV	VICES FOR 185% PROGRAM	- INFANTS	AID CODES 4/			
					MON		GE
3,050 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	24	672 \$	11,092.02	\$ 16.51	.220 \$	462.17	\$ 3.64
DURABLE MED. EQUIP.	1	1	99.98	99.98	.000	99.98	.03
BI'UUD BANK	0	1 0 0 392	00	00	.000	.00	.00
DEADING AID DISDENSEDS	0	0	.00	.00	000		
MEDICAL MDANCDODMAMION	21	303	.00	17 55	100	.00 327.59	2.26
MEDICAL TRANSPORTATION	21	392	6,879.33	17.55	.129	327.59	2.26
AMBULANCES/AIR TRANS	21	391	5,079.35	12.99	.128	241.87	1.67
OTHER TRANS	0	0	.00 1,800.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00		1800.00	.59
	0	0	.00		.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0 0 0 0 0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		000	.00	.00
THMC MODEL NE NE AIDS MSSD	0	0	.00		.000 .000 .000	.00	.00
OCCUPANTONAL MURDADICA	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	U	.00		.000	.00	
OPTICIAN	U	U			.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	. 000	.00	.00
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	391 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0	.00	.00	.000	.00	.00
CDEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGI	0	0		.00		.00	.00
HOSPICE SERVICES	0	0	.00		.000		
NONINST BIRTHING CENTERS	U	U	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00 4088.03	.00
EPSDT SUPPLEMENTAL SERVICE	1	278	4,088.03	14.71		4088.03	1.34
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	24.66	24.66	.000	24.66	.01
@CALIF. CHILDREN SERVICES*	71	2,285 \$	759,872.20	\$ 332.55	749 S		\$ 249.14
@XOVER EXCLUDING STATE HOSP*	· 0	0 \$.00	\$ 00	000 \$.00	
@* TOTALS IN THESE LINES ARE	CIVEN AC A CEDAL	O Y		•	٠٥٥٥ ٢	• 00	• •••
THE AMOUNTS ARE ALREADY IN			ABOVE.				
** THESE DATA ARE INCLUDED							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MON	NTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 6,105
MOP024	FEE-FOR-SERVICE						03/14/05
MADERA COUNTY	SUMMARY OF SERV	VICES FOR 185% PROGRAM	- PREGNANT A	AID CODES 44 48	49		
					MON	THLY AVERA	GE
3,352 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
3,302 80101000	ODEIG	OR DAYS OF CARE	TV1 TIAD T T O L/E/O	PER UNIT/DAY		USER	ELIGIBLE
OMOMAT ATT DECLES	2 100		0 005 116 65				
@TOTAL, ALL PROVIDERS	3,190	18,502 \$	2,285,116.67	\$ 123.51	5.520 \$		·
@PHYSICIANS SERVICES	1,809	7 , 172 \$	485,777.26	\$ 67.73	2.140 \$		
OUTPATIENT VISITS	1,012	3,423	121,324.68	35.44	1.021	119.89	36.19
OFFICE VISITS	197	244	8,868.20	36.35	.073	45.02	2.65
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	132	145	9,121.68	62.91	.043	69.10	2.72
			,				

PREVENTIVE CARE	1	1	68.73	68.73	.000	68.73	.02
OB VISITS/COMPRE PERI	750	3,029	103,119.53	34.04	.904	137.49	30.76
OTHER OUTPATIENT	2	4	146.54	36.64	.001	73.27	.04
INPATIENT VISITS	261	745	47,663.75	63.98	.222	182.62	14.22
HOSPITAL VISITS	247	568	23,667.37	41.67	.169	95.82	7.06
CRITICAL CARE	19	177	23,996.38	135.57	.053	1262.97	7.16
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	4	169.89	42.47	.001	84.95	.05
EXAMINATIONS	2	4	169.89	42.47	.001	84.95	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	428	1,366	262,540.39	192.20	.408	613.41	78.32
PRINCIPAL SURGEON	315	350	230,499.33	658.57	.104	731.74	68.76
ASSISTANT SURGEON	68	67	12,146.56	181.29	.020	178.63	3.62
ANESTHESIOLOGIST	113	949	19,894.50	20.96	.283	176.06	5.94
OUTPATIENT SURGERY	73	139	7,858.12	56.53	.041	107.65	2.34
PRINCIPAL SURGEON	60	88	5,939.54	67.49	.026	98.99	1.77
ASSISTANT SURGEON	2	2	279.58	139.79	.001	139.79	.08
ANESTHESIOLOGIST	19	49	1,639.00	33.45	.015	86.26	.49
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	402	658	9,965.17	15.14	.196	24.79	2.97
RADIOLOGY	433	587	25,058.51	42.69	.175	57.87	7.48
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	25	31	1,511.26	48.75	.009	60.45	.45
OTHER SERVICES/ALL X-OVERS	121	219	9,685.49	44.23	.065	80.05	2.89
@PHARMACY	984	2,029	\$ 50,845.27	\$ 25.06	.605	\$ 51.67	\$ 15.17
PRESCRIPTION DRUGS	943	1,837	40,885.80	22.26	.548	43.36	12.20
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	943	1,837	40,885.80	22.26	.548	43.36	12.20
MEDICAL SUPPLIES	99	192	9,959.47	51.87	.057	100.60	2.97
@DENTIST	9	45	\$ 497.00	\$ 11.04	.013	\$ 55.22	\$.15
VISITS - DIAGNOSTIC	7	31	190.00	6.13	.009	27.14	.06
ORAL SURGERY	2	2	85.00	42.50	.001	42.50	.03

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	ĺ		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	11		222.00		20.18	.003		111.00		.07
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0										
DENTURES, STAYPLATES	•	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDIT	JRES MON	TH-OF-PAYMENT RI	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 6,106
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
MADERA COUNTY		/ICES FOR 185% 1	PROGRAM	- PREGNANT A	TD COI	DES 44 48	49				, ,
11132111 0001111	5011111111 01 5211	1000 1010 1000 1	- 110 01 1111			220 11 10	M	ОИТ	HIY AVERA	GE.	
3,352 ELIGIBLES	USERS	UNITS OF SERVI	~ਜ	EXPENDITURES	Z/LLI	PACE COST	UNITS/DAY		COST PER		COST PER
3,332 EHIGIDHES	OSENS	OR DAYS OF CAR		EXFENDITORES		UNIT/DAY			USER		ELIGIBLE
O O DECMEED TOE	0			0.0							
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	·	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	6	31	ċ	2,156.59	ċ	69.57	.009	ċ	359.43	\$	
-	0		ې د	•	\$			\$.64
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	10	Ş	690.25	\$	69.03	.003	\$	345.13	\$.21
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,201	4,199	\$	1,343,632.03	\$	319.99	1.253	\$	1118.76	\$	400.84
HOSP INPATIENT TOTAL	294	1,149		1,273,537.50		1108.39	.343		4331.76		379.93
HSC HOSPITALS	171	563		860,630.10	-	1528.65	.168		5032.92		256.75
NON-HSC HOSPITAL TOTAL	126	586		412,907.40		704.62	.175		3277.04		123.18
ACCOMMODATIONS	126	586		168,483.74		287.51	.175		1337.17		50.26
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	126	586		168,483.74		287.51	.175		1337.17		50.26
ANCILLARIES	126	0		244,423.66		.00	.000		1939.87		72.92
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0										
ALL OTHER INPATIENT	•	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,004	3,050		70,094.53		22.98	.910		69.82		20.91
MEDICAL	48	64		3,428.97		53.58	.019		71.44		1.02
SURGERY	54	77		2,429.70		31.55	.023		44.99		.72
PATHOLOGY	542	1,677		17,977.14		10.72	.500		33.17		5.36
RADIOLOGY	169	180		13,188.68		73.27	.054		78.04		3.93
ROOM USE	334	532		21,025.14		39.52	.159		62.95		6.27
CROSSOVERS/ALL OTH OUTPTNT	329	520		12,044.90		23.16	.155		36.61		3.59
@COUNTY HOSPITAL TOTAL	1	3	\$	4,056.03	\$ 1	1352.01	.001	\$		\$	1.21
CO HOSPITAL INPATIENT TOTAL		3	•	4,056.03		1352.01	.001		4056.03		1.21
HSC HOSPITALS	1	3		4,056.03		1352.01	.001		4056.03		1.21
1100 11001 117110	<u> </u>	J		1,000.00	-	1002.01	.001		1000.00		+ • ∠ +

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT R	REPORT	' FOR JAN	2004 THRU	DEC	2004	F	PAGE 6,107
MOP024	FEE-FOR-SERVICE					44 40	4.0				03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR 185% PF	ROGRAN	1 - PREGNANT A	TID CC	DES 44 48		0.1m		~ =	
2 250 51 13 153					3		M			.GE	
3,352 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	S			COST PER
OCOMMUNITARY HOODITARY BORRY	1 000	OR DAYS OF CARE		1 220 576 00			PER ELIG	Ċ	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,200	4,196	\$	1,339,576.00	\$			Þ	1116.31	Ş	399.63
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	293	1,146		1,269,481.47		1107.75	.342		4332.70 5038.67		378.72 255.54
NON-HSC HOSPITALS TOTAL	170 126	560 586		856,574.07		1529.60 704.62	.167 .175		3277.04		255.54 123.18
	126	586		412,907.40 168,483.74		287.51	.175		1337.17		50.26
ACCOMMODATIONS ADMINISTRATIVE DAYS	126	0		108,483.74		.00	.175		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	126	586		168,483.74		287.51	.175		1337.17		50.26
ANCILLARIES	126	0		244,423.66		.00	.000		1939.87		72.92
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,004	3 , 050		70,094.53		22.98	.910		69.82		20.91
MEDICAL	48	64		3,428.97		53.58	.019		71.44		1.02
SURGERY	54	77		2,429.70		31.55	.023		44.99		.72
PATHOLOGY	542	1,677		17,977.14		10.72	.500		33.17		5.36
RADIOLOGY	169	180		13,188.68		73.27	.054		78.04		3.93
ROOM USE	334	532		21,025.14		39.52	.159		62.95		6.27
CROSSOVERS/ALL OTH OUTPINT	329	520		12,044.90		23.16	.155		36.61		3.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т	.00	т.	.00	.000	т	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	82	\$	8,778.92	Ś	107.06		\$	8778.92	Ś	2.62
LEV A-INTERMEDIATE	0	0	'	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	82		8,778.92		107.06	.024		8778.92		2.62
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00

@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC	Λ	0	Ċ	.00	Ċ	.00	.000	\$.00	Ċ	.00
HOSPITAL BASED	0	0	Ÿ	.00	Y	.00	.000		Y	.00
INDEPENDENT FACILITY	0	1,642 1,629		.00		.00				.00
GLARORATORY FACILITY	641	1 642	Ś	27,945.18	Ś	17.02	.490		Ś	8.34
PATHOLOGY	633	1 629	Y	27,171.68		16.68			Y	8.11
YO AND OTHERS	13	13						59.50		.23
AORGANIZED OUTDATTENT CLINIC	808	2,345 611 1	Ġ	773.50 336,846.58 19,660.27	Ś	143 64	700	\$ 375.11	Ġ	
CI.INIC	158	2 , 545	Y	19 660 27	Y	32 18	.182	124.43		5.87
SURGICENTER	1	1		29.63		29.63	.000	29.63		.01
HEROIN DETOX CLINIC	0	0		.00		.00		.00		.00
RURAL HEALTH CLINIC	158 1 0 800	1,733					.517			94.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC								PΔ	
MOP024			71110 1101	VIII OI IIIIIIIIVI IV	CDI OICI	. 1010 01110 2	2001 111110	DEC 2001	111	03/14/05
MADERA COUNTY		ICES FOR 185% F	ROGRAM	- PRECNANT A	TD CC	DES 44 48	49			03/11/03
MADDICA COUNTI	DOPERATOR DELICE	TOBS FOR 100 8 1	NOGIVAN	INDONANI A	IID CC	DES 44 40		ONTHLY AVERA	GE -	
3,352 ELIGIBLES	USERS	UNITS OF SERVIC	'E	EXPENDITURES	AVF	RAGE COST			-	OST PER
3,332 111011110	ODLIND	OR DAYS OF CAR	E.	DALDNDIIONDO	PEE	R UNIT/DAY	PER ELIG	USER		LIGIBLE
GALL OTHER PROVIDERS	224	OR DAIS OF CAL	Ś	27 947 59	Ś	29 51	.283			
DIRABLE MED FOLLD	224	0	Y	27, 347.33	٧	00	.000		Y	.00
BLOOD BANK	0	0		.00		00	.000			.00
3,352 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00 .00 .00 8,839.75 7,564.75		.00	000	.00		
MEDICAL TRANSPORTATION	Δ1	760		8 839 75		11 63	227	.00 215.60 184.51		2.64
AMBIII ANCES / AID TRANS	41 //1	750		7 564 75		9 97	226	19/151		2.26
OTHER TRANS	41	7.3.9		7,304.73		9.97	000	$\cap \cap$.00
OTHER TRANS	1	1		.00 1,275.00		1275 00	000	1275.00		.38
ACIDINCTIDE	<u> </u>	0		1,273.00		.00	.000	.00		.00
ACTIONCIONE	0	0		.00		.00	.000	.00		.00
CENETIC DISEASE TESTING	171	174		18 150 00		104 31		104.31		5.41
TUMO MODEL NE NE ATOS MOSD	1/4	0 0 0 0 0 0 13 12		18,150.00 .00 .00 .00 .00 .00 .957.84		.00	000			.00
OCCUPATIONAL TUEDADICT	0	0		.00		.00	000	.00		.00
OPTICIAN	0	0		.00		.00	000	.00		.00
DUVCTONT THEDADICT	0	0		.00		.00	.000	.00		.00
PORTARIE Y-RAV	0	0		.00		.00	000	.00		.00
PROSTHETTST/ORTHOTTSTS	11	13		957 84		73.68	004	.00 87.08 86.13		.29
PROSTHETICS	10	12		861.34		71.78	004	86.13		.26
ORTHOTICS	1	1		96.50		96.50	000	96.50		.03
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00		.00		.00
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	0	0		.00		.00	.000			.00
NONINST BIRTHING CENTERS	0	0		.00		.00	000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00				.00
PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT	0	0		.00		.00		.00		.00
PED SUBACUTE REHAR/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	1 4	3.314	Ś	288,111.02	\$	86.94		\$ 20579.36	Ś	85.95
@XOVER EXCLUDING STATE HOSP**	0	0,011	Ś	.00				\$.00		
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION	TTEM ON	JT.Y:	,	• 0 0	• • • • •	, , ,	-	• • • •
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AF	PROPRIATE DETAIL	LINES	ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT		BOVE.	* := *						
	MEDI-CAL SERVIC	ES AND EXPENDITE	IRES MON	TH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC 2004	PA	GE 6,109
	FEE-FOR-SERVICE			,						03/14/05
MADERA COUNTY		ICES FOR 60-DAY	POST F	PARTUM PROGRAM		AID CODE	76			-, -,
								ONTHLY AVERA	.GE -	
13 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVF	RAGE COST		S COST PER		OST PER
		OR DAYS OF CAR						USER		LIGIBLE

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	65	213 \$	22,165.13	\$ 104.06	16.385 \$	341.00	\$ 1705.01
@PHYSICIANS SERVICES	34	83 \$	2,821.18	\$ 33.99	6.385 \$		
OUTPATIENT VISITS	27	53	1,580.97	29.83	4.077	58.55	121.61
OFFICE VISITS	9	9	234.61	26.07	.692	26.07	18.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	313.13	78.28	.308	78.28	24.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	14	38	996.49	26.22	2.923	71.18	76.65
OTHER OUTPATIENT	1	2	36.74	18.37	.154	36.74	2.83
	T	2	279.77	34.97			21.52
INPATIENT VISITS	3	8	279.77		.615	93.26	
HOSPITAL VISITS	3	8		34.97	.615	93.26	21.52
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	· ·	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	Ţ	93.08	93.08	.077	93.08	7.16
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	1	1	93.08	93.08	.077	93.08	7.16
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	466.12	466.12	.077	466.12	35.86
PRINCIPAL SURGEON	1	1	466.12	466.12	.077	466.12	35.86
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	10	121.84	12.18	.769	17.41	9.37
RADIOLOGY	3	3	38.85	12.95	.231	12.95	2.99
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	109.54	54.77	.154	54.77	8.43
OTHER SERVICES/ALL X-OVERS	5	5	131.01	26.20	.385	26.20	10.08
@PHARMACY	5	21 \$	318.76	\$ 15.18	1.615 \$		
PRESCRIPTION DRUGS	2	2	295.00	147.50	.154	147.50	22.69
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2	2	295.00	147.50	.154	147.50	22.69
MEDICAL SUPPLIES	3	19	23.76	1.25	1.462	7.92	1.83
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES M					PAGE 6,110
MOP024	FEE-FOR-SERVICE/DE						03/14/05
MADERA COUNTY	SUMMARY OF SERVICE		PARTUM PROGRAM	AID CODE	76		/ / 30
	31 321101	2111 1001			MON	THLY AVERA	GE
13 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		R DAYS OF CARE	= = = 3	PER UNIT/DAY		USER	ELIGIBLE
	9.			,	=== 3		

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$ 74.86	\$ 74.86	.077	\$ 74.86	\$ 5.76
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	14	60	\$ 11,726.14	\$ 195.44	4.615	\$ 837.58	\$ 902.01
HOSP INPATIENT TOTAL	2	8	10,082.33	1260.29	.615	5041.17	775.56
HSC HOSPITALS	1	4	7,875.00	1968.75	.308	7875.00	605.77
NON-HSC HOSPITAL TOTAL	1	4	2,207.33	551.83	.308	2207.33	169.79
ACCOMMODATIONS	1	4	1,188.30	297.08	.308	1188.30	91.41
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,188.30	297.08	.308	1188.30	91.41
ANCILLARIES	1	0	1,019.03	.00	.000	1019.03	78.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13	52	1,643.81	31.61	4.000	126.45	126.45
MEDICAL	4	4	109.71	27.43	.308	27.43	8.44
SURGERY	2	2	303.69	151.85	.154	151.85	23.36
PATHOLOGY	4	13	193.85	14.91	1.000	48.46	14.91

RADIOLOGY	2	2		51.18	25.59	.154	25.59	3	.94
ROOM USE	9	15		748.47	49.90	1.154	83.16	57	.57
CROSSOVERS/ALL OTH OUTPTNT	8	16		236.91	14.81	1.231	29.61	18	.22
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-OF-	-PAYMENT REE	PORT FOR JAN	2004 THRU D	EC 2004	PAGE	6,111
MOP024	FEE-FOR-SERVICE/DENTAL							03/	14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	60-DAY	POST PARTUM	PROGRAM	AID COD	E 76			
						MO	NTHLY AVERAC	FE	

						MC	NTHLY AVERA	AGE	
13 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	}		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	60	\$	11,726.14	\$ 195.44	4.615	\$ 837.58	\$	902.01
COMM HOSP INPATIENT TOTAL	2	8		10,082.33	1260.29	.615	5041.17		775.56
HSC HOSPITALS	1	4		7,875.00	1968.75	.308	7875.00		605.77
NON-HSC HOSPITALS TOTAL	1	4		2,207.33	551.83	.308	2207.33		169.79
ACCOMMODATIONS	1	4		1,188.30	297.08	.308	1188.30		91.41
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	4		1,188.30	297.08	.308	1188.30		91.41
ANCILLARIES	1	0		1,019.03	.00	.000	1019.03		78.39
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	13	52		1,643.81	31.61	4.000	126.45		126.45
MEDICAL	4	4		109.71	27.43	.308	27.43		8.44
SURGERY	2	2		303.69	151.85	.154	151.85		23.36
PATHOLOGY	4	13		193.85	14.91	1.000	48.46		14.91
RADIOLOGY	2	2		51.18	25.59	.154	25.59		3.94
ROOM USE	9	15		748.47	49.90	1.154	83.16		57.57
CROSSOVERS/ALL OTH OUTPTNT	8	16		236.91	14.81	1.231	29.61		18.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	21	\$	544.59	\$	25.93	1.615	\$	49.51	\$	41.89
PATHOLOGY	11	21		544.59)	25.93	1.615		49.51		41.89
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	17	27	\$	6,679.60	\$	247.39	2.077	\$	392.92	\$	513.82
CLINIC	2	3		164.46		54.82	.231		82.23		12.65
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	24		6,515.14		271.46	1.846		434.34		501.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH-OF-	-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 6,112
MOP024	FEE-FOR-SERVICE/DENTA	AL									03/14/05
MADERA COUNTY	SUMMARY OF SERVICES I	FOR 60-DAY	POST PARTUM	PROGRAM		AID CODE	E 76				
							N	TION	HLY AVERA	GE	

13 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,113	j
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05)
MADERA COUNTY	SUMMARY OF SERV	ICES FOR 185% AN	D 60-D.	AY PP TOTAL, COI	DES 44 47 48 49	9 69 76			
						MON'	THLY AVERAG	E	
6,415 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	5 , 236	27 , 157	\$	3,551,227.87	\$ 130.77	4.233 \$	678.23	\$ 553.58	
@PHYSICIANS SERVICES	2,817	9,671	\$	598,893.06	\$ 61.93	1.508 \$	212.60	\$ 93.36	
OUTPATIENT VISITS	1,873	4,756		163,016.08	34.28	.741	87.03	25.41	
		4 0 4 =		40 460 00		0.4.0			

6,415 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,236	27 , 157 \$	3,551,227.87	\$ 130.77	4.233		
@PHYSICIANS SERVICES	2,817	9 , 671 \$	598 , 893.06	\$ 61.93	1.508		
OUTPATIENT VISITS	1,873	4,756	163,016.08	34.28	.741	87.03	25.41
OFFICE VISITS	931	1,367	40,463.29	29.60	.213	43.46	6.31
HOME VISITS	1	1	87.39	87.39	.000	87.39	.01
EMERGENCY ROOM	261	293	17 , 297.37	59.04	.046	66.27	2.70
PREVENTIVE CARE	1	1	68.73	68.73	.000	68.73	.01
OB VISITS/COMPRE PERI	764	3,067	104,116.02	33.95	.478	136.28	16.23
OTHER OUTPATIENT	18	27	983.28	36.42	.004	54.63	.15
INPATIENT VISITS	328	1,244	96 , 756.29	77.78	.194	294.99	15.08
HOSPITAL VISITS	301	852	39 , 559.79	46.43	.133	131.43	6.17
CRITICAL CARE	38	389	57,044.20	146.64	.061	1501.16	8.89
SNF/ICF/TRANS IP CARE	2	3	152.30	50.77	.000	76.15	.02
OPHTHALMOLOGICAL SERVICES	5	9	379.64	42.18	.001	75.93	.06
EXAMINATIONS	5	9	379.64	42.18	.001	75.93	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	444	1,428	271,910.67	190.41	.223	612.41	42.39
PRINCIPAL SURGEON	327	370	238,517.05	644.64	.058	729.41	37.18
ASSISTANT SURGEON	69	68	12,239.64	179.99	.011	177.39	1.91
ANESTHESIOLOGIST	117	990	21,153.98	21.37	.154	180.80	3.30
OUTPATIENT SURGERY	95	174	10,361.38	59.55	.027	109.07	1.62
PRINCIPAL SURGEON	78	108	7,916.29	73.30	.017	101.49	1.23
ASSISTANT SURGEON	2	2	279.58	139.79	.000	139.79	.04
ANESTHESIOLOGIST	24	64	2,165.51	33.84	.010	90.23	.34
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	486	757	10,880.07	14.37	.118	22.39	1.70
RADIOLOGY	557	861	28,503.03	33.10	.134	51.17	4.44
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	31	37	1,657.27	44.79	.006	53.46	.26
OTHER SERVICES/ALL X-OVERS	230	405	15,428.63	38.10	.063	67.08	2.41
@PHARMACY	2,137	5,469 \$	•	\$ 28.06	.853	\$ 71.80	\$ 23.92
PRESCRIPTION DRUGS	2,082	5,035	132,874.69	26.39	.785	63.82	20.71
SNF/ICF	. 8	40	2,779.16	69.48	.006	347.40	.43
OUTPATIENTS	2,075	4,995	130,095.53	26.05	.779	62.70	20.28
MEDICAL SUPPLIES	201	434	20,567.62	47.39	.068	102.33	3.21
@DENTIST	9	45 \$	497.00	\$ 11.04	.007	\$ 55.22	\$.08
VISITS - DIAGNOSTIC	7	31	190.00	6.13	.005	27.14	.03
ORAL SURGERY	2	2	85.00	42.50	.000	42.50	.01
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	11	222.00	20.18	.002	111.00	.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	V	•	.00	• 5 0	• • • • •	• 0 0	• • • •

MOP024 MADERA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,114

03/14/05

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

MADERA COUNTY	SUMMARY OF SERV	ICES FOR 185% AN	וט ע	D-DAY PP TOTAL, COD	E5	44 47 48 45				с п	
C 415 TT TOTAL TO							MC			GE	
6,415 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1	1	\$	47.45	\$.000	Ş	47.45	Ş	.01
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.000		47.45		.01
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	Ö	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	10	171CR	\$	3,388.56CR	Ġ	19.82	.027CF	Ċ	338.86C	D¢	.53CR
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		.00		.00
NURSE MIDWIFE	2	10	Ś	690.25	\$	69.03	.002		345.13		.11
		0	۶ \$								
PEDIATRIC NURSE PRACTITIONER	-			.00	\$.00		\$.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00		.00
@TOTAL HOSPITAL	1,512	5,643	\$	2,233,828.80	Ş	395.86		\$	1477.40	\$	348.22
HOSP INPATIENT TOTAL	345	1,634		2,136,926.86		1307.79	.255		6193.99		333.11
HSC HOSPITALS	220	1,017		1,715,804.90		1687.12	.159		7799.11		267.47
NON-HSC HOSPITAL TOTAL	128	617		421,121.96		682.53	.096		3290.02		65.65
ACCOMMODATIONS	128	617		174,435.24		282.72	.096		1362.78		27.19
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	128	617		174,435.24		282.72	.096		1362.78		27.19
ANCILLARIES	128	0		246,686.72		.00	.000		1927.24		38.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,276	4,009		96,901.94		24.17	.625		75.94		15.11
MEDICAL	126	170		7,911.48		46.54	.027		62.79		1.23
SURGERY	90	124		4,629.05		37.33	.019		51.43		.72
PATHOLOGY	622	1,970		21,143.01		10.73	.307		33.99		3.30
RADIOLOGY	242	269		17,214.36		63.99	.042		71.13		2.68
ROOM USE	522	779		30,883.54		39.65	.121		59.16		4.81
CROSSOVERS/ALL OTH OUTPINT		697		15,120.50		21.69	.109		33.98		2.36
@COUNTY HOSPITAL TOTAL	6	11	Ś	4,280.07	Ś	389.10		\$		Ś	.67
CO HOSPITAL INPATIENT TOTAL	•	3	т	4,056.03	Τ.	1352.01	.000	Τ.	4056.03	Τ.	.63
HSC HOSPITALS	1	3		4,056.03		1352.01	.000		4056.03		.63
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
TRANSITIONAL IP CARE	0	0				.00	.000				.00
ALL OTHER ACCOM	-	•		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	Ü		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	8		224.04		28.01	.001		44.81		.03
MEDICAL	4	4		133.59		33.40	.001		33.40		.02
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	72.70	36.35	.000	36.35	.01
CROSSOVERS/ALL OTH OUTPTNT	1	2	17.75	8.88	.000	17.75	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	MONTH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DEC	2004	PAGE 6,115
MOP024	FEE-FOR-SERVICE/DENTAL	J					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FO	OR 185% AND 60)-DAY PP TOTAL, CODES 44	47 48 49 69	76		

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								M	TИC	'HLY AVERA	.GE	
6,415 ELIGIBLES	USERS	UNITS OF SERVIC	E		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,506	5 , 632	\$		2,229,548.73	\$	395.87	.878	\$	1480.44	\$	347.55
COMM HOSP INPATIENT TOTAL	344	1,631			2,132,870.83		1307.71	.254		6200.21		332.48
HSC HOSPITALS	219	1,014			1,711,748.87		1688.12	.158		7816.20		266.84
NON-HSC HOSPITALS TOTAL	128	617			421,121.96		682.53	.096		3290.02		65.65
ACCOMMODATIONS	128	617			174,435.24		282.72	.096		1362.78		27.19
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	128	617			174,435.24		282.72	.096		1362.78		27.19
ANCILLARIES	128	0			246,686.72		.00	.000		1927.24		38.45
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,271	4,001			96 , 677.90		24.16	.624		76.06		15.07
MEDICAL	122	166			7 , 777.89		46.85	.026		63.75		1.21
SURGERY	90	124			4,629.05		37.33	.019		51.43		.72
PATHOLOGY	622	1,970			21,143.01		10.73	.307		33.99		3.30
RADIOLOGY	242	269			17,214.36		63.99	.042		71.13		2.68
ROOM USE	520	777			30,810.84		39.65	.121		59.25		4.80
CROSSOVERS/ALL OTH OUTPTNT	444	695			15,102.75		21.73	.108		34.02		2.35
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	1	82	\$		8,778.92	\$	107.06	.013	\$	8778.92	\$	1.37
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	82		8,778.92		107.06	.013		8778.92		1.37
@INTERMEDIATE CARE FACILDD	8	187	\$	79,295.57	\$	424.04	.029	\$	9911.95	\$	12.36
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	8	187		79,295.57		424.04	.029		9911.95		12.36
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	284.65	\$	142.33	.000	\$	284.65	\$.04
HOSPITAL BASED	1	2		284.65		142.33	.000		284.65		.04
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	668	1,691	\$	28,750.58	\$	17.00	.264	\$	43.04	\$	4.48
PATHOLOGY	660	1,678		27,977.08		16.67	.262		42.39		4.36
XO AND OTHERS	13	13		773.50		59.50	.002		59.50		.12
@ORGANIZED OUTPATIENT CLINIC	1,318	2,908	\$	411,068.23	\$	141.36	.453	\$	311.89	\$	64.08
CLINIC	160	614		19,824.73		32.29	.096		123.90		3.09
SURGICENTER	1	1		29.63		29.63	.000		29.63		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,218	2,293		391,213.87		170.61	.357		321.19		60.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 6,116
MOP024	FEE-FOR-SERVICE/DE	ENTAL									03/14/05

----- MONTHLY AVERAGE -----

MADERA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

6,415 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	248	1 , 619 \$	39 , 039.61	\$ 24.11	.252 \$		\$ 6.09
DURABLE MED. EQUIP.	1	1	99.98	99.98	.000	99.98	.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	62	1 , 152	15,719.10	13.65	.180	253.53	2.45
AMBULANCES/AIR TRANS	62	1,150	12,644.10	10.99	.179	203.94	1.97
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,075.00	1537.50	.000	1537.50	.48
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	174	174	18,150.00	104.31	.027	104.31	2.83
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	11	13	957.84	73.68	.002	87.08	.15
PROSTHETICS	10	12	861.34	71.78	.002	86.13	.13
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	1	278	4,088.03	14.71	.043	4088.03	.64
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1	1	24.66	24.66	.000		24.66	.00
@CALIF. CHILDREN SERVICES*	85	5 , 599	\$ 1,047,983.22	\$ 187.17	.873	\$ 1	12329.21	\$ 163.36
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,117 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----1,978 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 835,503.13 \$ 4.12 13,824.94 \$ 12.27 1,777 202,955 \$ \$ 4.12 102.606 \$ 470.18 \$ 422.40 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 433 1,127 .570 \$ 31.93 \$ 6.99 0 .000 .00 OUTPATIENT VISITS .00 .00 .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 .00 .00 HOME VISITS .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .000 .00 .00 .00 PREVENTIVE CARE .00 .000 .00 0 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .000 OTHER OUTPATIENT .00 .00 . 00 .00 .00 INPATIENT VISITS .000 .00 .00 HOSPITAL VISITS .00 .000 .00 .00 .00 .00 CRITICAL CARE .000 .00 .00 .00 192.04 16.00 192.04 16.00 SNF/ICF/TRANS IP CARE 0 .000 .00 .00 12 .006 14.77 .006 14.77 OPHTHALMOLOGICAL SERVICES .10 13 EXAMINATIONS . 10 0 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 .00 Ω .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 .00 .00 .000 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 DIALYSIS .00 .000 .00 0 0 .00 .000 .00 .00 PATHOLOGY .00 .00 .00 .00 .000 RADIOLOGY 0 0 1,115 .00 .00 .00 .000 .00 PSYCHIATRY 126 .00 .00 .00 .000 .00 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS 13,632.90 12.23 .564 32.00 6.89 . 102**,**294 @PHARMACY 1,576 583,497.15 \$ 5.70 51.716 \$ 370.24 \$ 294.99 555,854.45 1,551 7,637 72.78 3.861 358.38 PRESCRIPTION DRUGS SNF/ICF 27 150 9,544.48 63.63 .076 353.50 4.83 OUTPATIENTS 1,529 3.785 357.30 7,487 546,309.97 72.97 276.19 .29 MEDICAL SUPPLIES 299 94,657 27,642.70 47.855 92.45 .193 \$ 143.82 \$ 118 381 @DENTIST 16,971.00 \$ 44.54 8.58 69 224 2,481.00 11.08 .113 35.96 VISITS - DIAGNOSTIC 1.25 15 29 58.83 .015 113.73 ORAL SURGERY 1,706.00 0 0 .00 .000 .00 .00 DRUGS .00 .00 .00 .000 .00 . 00 ANESTHESTA .005 843.00 93.67 93.67 PERIODONTICS 471.00 .002 235.50 ENDODONTICS 157.00 .24 3 43 15 / . UU 85 . 35 3,670.00 .022 174.76 RESTORATIVE DENTISTRY 1.86 .001 PROSTHETICS 60.00 30.00 30.00 .03

DENTURES, STAYPLATES	38	69	7,740.00	112.17	.035	203.68	3.91
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	2	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES :	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,118
MOP024	FEE-FOR-SERVICE/DENT.	AL					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR TITLE II D	ISREGARD - AGED	AID CODE	16		

MADERA COUNTY	SUMMARY OF SER	VICES FOR TITLE 1	II DIS	SREGARD - AGED		AID CODE	16				
							M	ONT	HLY AVERA	GE	
1,978 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	29	61	\$	1,451.38	\$	23.79	.031	\$	50.05	\$.73
DIAGNOSTIC AND ANC. PROCED	4	4		102.91		25.73	.002		25.73		.05
EYE APPLIANCES	15	40		711.74		17.79	.020		47.45		.36
OTHER OPTOMETRIC SERVICES	11	17		636.73		37.45	.009		57.88		.32
@CHIROPRACTOR	5	8	\$	91.49	\$	11.44	.004	\$	18.30	\$.05
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	5	8		91.49		11.44	.004		18.30		.05
@PODIATRIST	38	65	\$	671.23	\$	10.33	.033	\$	17.66	\$.34
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	38	65		671.23		10.33	.033		17.66		.34
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	3	\$	21.25	\$	7.08	.002	\$	21.25	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	141	695	\$	34,516.25	\$	49.66	.351	\$	244.80	\$	17.45
HOSP INPATIENT TOTAL	25	0		19,977.47		.00	.000		799.10		10.10
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	25	0		19,977.47		.00	.000		799.10		10.10
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	125	695		14,538.78		20.92	.351		116.31		7.35
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	125	695		14,538.78		20.92	.351		116.31		7.35
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MONTH-OF-PAYMENT R				PAGE 6,119
MOP024	FEE-FOR-SERVICE					0 2001	03/14/05
MADERA COUNTY		ICES FOR TITLE II	DISREGARD - AGED	AID CODE	16		00/ 11/ 00
INIDEIGI OOONII	COLUMN OF CHICA	1020 1010 11122 11	DISTRIBUTION TIGHT	1110 0000	MON'	THLY AVERA	GE
1,978 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
1,3,0 22101222	002110	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	141		\$ 34,516.25	\$ 49.66	.351 \$		
COMM HOSP INPATIENT TOTAL	25	0	19,977.47	.00	.000	799.10	10.10
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	25	0	19,977.47	.00	.000	799.10	10.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	125	695	14,538.78	20.92	.351	116.31	7.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	125	695	14,538.78	20.92	.351	116.31	7.35
@STATE HOSPITAL	0		\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	27	624	\$ 116,007.83	\$ 185.91	.315 \$	4296.59	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	27	624	116,007.83	185.91	.315	4296.59	58.65
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00	.000 \$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
TOE DDN /DDON	0	0	0.0		000		0.0

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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

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3.85

3.85 \$

.00 \$

@ORGANIZED OUTPATIENT CLINIC	289	452	\$	13,516.81	\$	29.90			77	
CLINIC	0	0		.00		.00	.000		00	.00
SURGICENTER	3	3		403.74		134.58	.002	134.	58	.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		00	.00
RURAL HEALTH CLINIC	286	449		13,113.07		29.21	.227	45.	85	6.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES :	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU D	EC 2004		PAGE 6,120
MOP024	FEE-FOR-SERVICE	/DENTAL								03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II D	ISREGARD - AGED		AID CODE	16			
							MO	NTHLY AV	ERAC	GE
1,978 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST F	ER	COST PER
		OR DAYS OF CAR	E		PEF	UNIT/DAY	PER ELIG	USEF		ELIGIBLE
@ALL OTHER PROVIDERS	423	97,244	\$	54,929.95	\$.56	49.163	\$ 129.	86	\$ 27.77
DURABLE MED. EQUIP.	6	9		257.52		28.61	.005	42.	92	.13
BLOOD BANK	0	0		.00		.00	.000		00	.00
HEARING AID DISPENSERS	17	25		6,878.22		275.13	.013	404.	60	3.48
MEDICAL TRANSPORTATION	17	190		1,610.07		8.47	.096	94.	71	.81
AMBULANCES/AIR TRANS	8	94		1,162.58		12.37	.048	145.	32	.59
OTHER TRANS	8	88		398.60		4.53	.044	49.	83	.20
OTHER SERVICES	1	8		48.89		6.11	.004	48.	89	.02
ACUPUNCTURE	0	0		.00		.00	.000		00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		00	.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	55	172		19,198.44		111.62	.087	349.	06	9.71
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		00	.00
OPTICIAN	48	122		1,411.88		11.57	.062	29.	41	.71
PHYSICAL THERAPIST	0	0		.00		.00	.000		00	.00
PORTABLE X-RAY	0	0		.00		.00	.000		00	.00
PROSTHETIST/ORTHOTISTS	2	3		90.21		30.07	.002	45.	11	.05
PROSTHETICS	2	3		90.21		30.07	.002	45.	11	.05
ORTHOTICS	0	0		.00		.00	.000		00	.00
PSYCHOLOGIST	0	0		.00		.00	.000		00	.00
SPEECH AND AUDIOLOGY	10	14		4,088.81		292.06	.007	408.	88	2.07

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	315	96 , 709	21,394.80	.22	48.892	67.92	10.82
@CALIF. CHILDREN SERVICES*	1	1	\$ 25.00	\$ 25.00	.001	\$ 25.00	\$.01
@XOVER EXCLUDING STATE HOSP**	807	16,043	\$ 96,659.46	\$ 6.03	8.111	\$ 119.78	\$ 48.87
^			 				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,121 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

			_				M	TNC	HLY AVERA	GE ·	
33 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	s (COST PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	Ţ	ELIGIBLE
@TOTAL, ALL PROVIDERS	21	111 \$		6,821.13	\$	61.45	3.364	\$	324.82	\$	206.70
@PHYSICIANS SERVICES	5	7 \$		171.88	\$	24.55	.212	\$	34.38	\$	5.21
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	5	7		171.88		24.55	.212		34.38		5.21
@PHARMACY	18	85 \$		6,362.10	\$	74.85		\$	353.45	\$	192.79
PRESCRIPTION DRUGS	18	85		6,362.10		74.85	2.576		353.45		192.79
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	18	85		6,362.10		74.85	2.576		353.45		192.79
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	2	4 \$		185.00	\$	46.25	.121	\$	92.50	\$	5.61
VISITS - DIAGNOSTIC	1	3		45.00		15.00	.091		45.00		1.36
ORAL SURGERY	0	0		.00		.00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PRIIGG	0	0	0.0	0.0	0.00	0.0	0.0
DRUGS	0	0	.00	.00		.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00		.00	.00
	0	0					
DENTURES, STAYPLATES	1	1	140.00	140.00		140.00	4.24
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00		.00	.00
ALL OTHER SERVICES	0	0	.00	.00		.00	.00
	•						
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT I	REPORT FOR JA	N 2004 THRU I	DEC 2004	PAGE 6,122
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
MADERA COUNTY	SUMMARY OF SERV	VICES FOR TITLE II	DISREGARD - BLIND	AID CODES	26 6A		
					MC	NTHLY AVERA	GE
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAYS	COST PER	COST PER
33 EE1012EE0	OSERS	OR DAYS OF CARE		PER UNIT/D		USER	ELIGIBLE
0.0000000000000000000000000000000000000	0		ģ oo				
@OPTOMETRIST	0		\$.00	\$.00		•	•
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00			
VISITS	0	0	.00	.00		.00	.00
	0	•					
OTHER SERVICES	U	0	.00	.00	.000	.00	.00
@PODIATRIST	0		\$.00	\$.00			•
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
	0	0	\$.00				
@HOME HEALTH AGENCY	0			\$.00	.000		\$.00
NURSE ANESTHESIST	Ü	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
HSC HOSPITALS	0	0					.00
NON-HSC HOSPITAL TOTAL	Ü	0	.00	.00		.00	.00
ACCOMMODATIONS	0	0	.00	.00		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00		.00	.00
RADIOLOGY	0	0	.00	.00		.00	
	•						.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00		.00	.00
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NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MC					PAGE 6,123
MOP024	FEE-FOR-SERVICE		1,111 01 111111111111111111111111111111			0 2001	03/14/05
MADERA COUNTY		ICES FOR TITLE II DIS	REGARD - BLIND	AID CODES 26	6A		03/11/03
THIBBIUT COUNTY	SOTHER OF SERVE		TEGIND BEIND	1110 00000 20	MON'	THIY AVERA	GE
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
33 111011110	OBLICE	OR DAYS OF CARE	EMPLICATION	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		-
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0					
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	•
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
			0.0	0.0	0.00	0.0	0.0

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HOSPITAL BASED	0	0	Υ		.00	Y	.00	.000	۲	.00	Y	.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
PATHOLOGY	0	0	Y		.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
XO AND OTHERS	0	0			.00							
	0		^			<u> </u>	.00	.000	<u>~</u>	.00	<u> </u>	.00
@ORGANIZED OUTPATIENT CLINIC	U	0	\$.00	\$.00	.000	\$.00	Ş	.00
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		JRES M	ONTH-OF-PA	AYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 6,124
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II DI	SREGARD -	BLIND	AID	CODES 26	6A				
								N	ITNON	HLY AVERA	GE -	
33 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENI	DITURES	AVEF	RAGE COST	UNITS/DAY	ZS (COST PER	C	OST PER
		OR DAYS OF CA	RE			PER	UNIT/DAY	PER ELIC	3	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	6	15	\$		102.15	\$	6.81	.455	\$	17.03	\$	3.10
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00
	0	0			.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0										
OCCUPATIONAL THERAPIST	U	U			.00		.00	.000		.00		.00
OPTICIAN	1	4			33.08		8.27	.121		33.08		1.00
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	5	11			69.07		6.28	.333		13.81		2.09
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	8	15	\$		187.84	\$	12.52	.455	\$	23.48	\$	5.69
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION	ITEM	ONLY;								
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL	L LINE	S ABOVE.								
** THESE DATA ARE INCLUDED I												
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC				AYMENT RE	EPORT	FOR JAN 2	2004 THRII	DEC	2004	PA	GE 6,125
MOP024	FEE-FOR-SERVICE											03/14/05
MADERA COUNTY		ICES FOR TITLE	TT DT	SREGARD -	DISABLE	D ATD	CODES 36	66 6C				, = - , 0 0
111111111111111111111111111111111111111	SOLUTION OF DELLA	-0-0 ION IIIII	11 DI	21(11(1)	21011111	- 1111	33223 30		ייוא	HLY AVERA	GE -	
744 ELIGIBLES	USERS	UNITS OF SERVI	TE.	EXPENI	DITURES	∆ 1/₽⊑	RAGE COST					OST PER
, 11 1111011110	00110	OR DAVE OF CAL		T177T T1111	~ I I (I/II)		VACL COSI		-	COSI LEIV		TICIDIE

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER

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@TOTAL, ALL PROVIDERS	685	13,659	\$ 327,669.09	\$ 23.99	18.359	\$ 478.35	\$ 440.42
@PHYSICIANS SERVICES	141	402	\$ 7,200.49	\$ 17.91	.540	\$ 51.07	\$ 9.68
OUTPATIENT VISITS	7	11	342.93	31.18	.015	48.99	.46
OFFICE VISITS	6	8	224.39	28.05	.011	37.40	.30
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.001	68.35	.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	2	50.19	25.10	.003	50.19	.07
INPATIENT VISITS	1	5	356.71	71.34	.007	356.71	.48
HOSPITAL VISITS	1	5	356.71	71.34	.007	356.71	.48
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	7	146.44	20.92	.009	20.92	.20
EXAMINATIONS	7	7	146.44	20.92	.009	20.92	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	78	395.79	5.07	.105	197.90	.53
PRINCIPAL SURGEON	1	1	182.56	182.56	.001	182.56	.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	77	213.23	2.77	.103	213.23	.29
OUTPATIENT SURGERY	1	3	266.54	88.85	.004	266.54	.36
PRINCIPAL SURGEON	1	3	266.54	88.85	.004	266.54	.36
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	22.40	22.40	.001	22.40	.03
RADIOLOGY	3	6	214.68	35.78	.008	71.56	.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	128	291	5,455.00	18.75	.391	42.62	7.33
@PHARMACY	599	11,318	\$ 247,199.11	\$ 21.84	15.212	\$ 412.69	\$ 332.26
PRESCRIPTION DRUGS	591	2,667	243,783.93	91.41	3.585	412.49	327.67

SNF/ICF	10	179	11,632.68	64.99	.241	1163.27	15.64
OUTPATIENTS	583	2,488	232,151.25	93.31	3.344	398.20	312.03
MEDICAL SUPPLIES	57	8,651	3,415.18	.39	11.628	59.92	4.59
@DENTIST	48	207 \$	5,405.75	\$ 26.11	.278	\$ 112.62	\$ 7.27
VISITS - DIAGNOSTIC	30	132	1,313.50	9.95	.177	43.78	1.77
ORAL SURGERY	6	14	670.25	47.88	.019	111.71	.90
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	5	464.00	92.80	.007	92.80	.62
ENDODONTICS	2	3	590.00	196.67	.004	295.00	.79
RESTORATIVE DENTISTRY	14	27	1,227.00	45.44	.036	87.64	1.65
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	8	24	1,141.00	47.54	.032	142.63	1.53
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2004 THRU DI	EC 2004	PAGE 6,126

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRO DEC 2004 PAGE 6,126
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

MADERA COUNTY	SUMMARI OF SER	VICES FOR TIT	TE II	. DI	SKEGAKD - DISABLEI	AII	CODES 36				
									THLY AVERA	GE.	
744 ELIGIBLES	USERS	UNITS OF SER			EXPENDITURES		ERAGE COST		COST PER		COST PER
		OR DAYS OF				PE	R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	16	4	: 0	\$	977.70	\$	24.44	.054	\$ 61.11	\$	1.31
DIAGNOSTIC AND ANC. PROCED	7		8		308.12		38.52	.011	44.02		.41
EYE APPLIANCES	11	2	:8		458.26		16.37	.038	41.66		.62
OTHER OPTOMETRIC SERVICES	2		4		211.32		52.83	.005	105.66		.28
@CHIROPRACTOR	4		7	\$	117.04	\$	16.72	.009	\$ 29.26	\$.16
VISITS	3		5		83.60		16.72	.007	27.87		.11
OTHER SERVICES	1		2		33.44		16.72	.003	33.44		.04
@PODIATRIST	9	1	. 0	\$	133.86	\$	13.39	.013	\$ 14.87	\$.18
MEDICINE/INJECTIONS	0		0		.00		.00	.000	.00		.00
SURGERY/ANES.	0		0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00		.00
OTHER	9	1	. 0		133.86		13.39	.013	14.87		.18
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	53	15	3	\$	6,715.05	\$	43.89	.206	\$ 126.70	\$	9.03
HOSP INPATIENT TOTAL	3		0		1,367.82		.00	.000	455.94		1.84
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	3		0		1,367.82		.00	.000	455.94		1.84
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	50	15	3		5,347.23		34.95	.206	106.94		7.19
MEDICAL	2		3		96.99		32.33	.004	48.50		.13
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	4	1	.1		104.71		9.52	.015	26.18		.14

RADIOLOGY	3	3	222.81	74.27	.004	74.27	.30
ROOM USE	3	9	311.76	34.64	.012	103.92	.42
CROSSOVERS/ALL OTH OUTPTNT	46	127	4,610.96	36.31	.171	100.24	6.20
@COUNTY HOSPITAL TOTAL	1	2 \$	3.43 \$	1.72	.003 \$	3.43	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	3.43	1.72	.003	3.43	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	3.43	1.72	.003	3.43	.00
#CALIF DEPT OF HEALTH SERV			NTH-OF-PAYMENT REPOR	RT FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,127
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

MADERA COUNTY	SUMMARY OF SERV	VICES FOR TIT	TE 1	TT DT	SREGARD - DISABLED	AIL	CODES 36	66 6C			
								Mo			
744 ELIGIBLES	USERS	UNITS OF SEF			EXPENDITURES		RAGE COST	/	3	COST PER	COST PER
		OR DAYS OF					UNIT/DAY	PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	52	15	51	\$	6,711.62	\$	44.45	.203	\$	129.07	\$ 9.02
COMM HOSP INPATIENT TOTAL	3		0		1,367.82		.00	.000		455.94	1.84
HSC HOSPITALS	0		0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	.00
ANCILLARIES	0		0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	3		0		1,367.82		.00	.000		455.94	1.84
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	49	15	51		5,343.80		35.39	.203		109.06	7.18
MEDICAL	2		3		96.99		32.33	.004		48.50	.13
SURGERY	0		0		.00		.00	.000		.00	.00
PATHOLOGY	4	1	.1		104.71		9.52	.015		26.18	.14
RADIOLOGY	3		3		222.81		74.27	.004		74.27	.30
ROOM USE	3		9		311.76		34.64	.012		103.92	.42
CROSSOVERS/ALL OTH OUTPTNT	45	12	25		4,607.53		36.86	.168		102.39	6.19
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00	.00
@NURSING FACILITY	11	19	91	\$	32,663.88	\$	171.02	.257	\$	2969.44	\$ 43.90
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00	.00
LEV B-REHAB MD	1	1	. 6		2,005.12		125.32	.022		2005.12	2.70
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	.00
LEV B-REGULAR	10	17	75		30,658.76		175.19	.235		3065.88	41.21
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	15	19	\$	10,250.53	\$	539.50	.026	\$	683.37	\$	13.78
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	15	19		10,250.53		539.50	.026		683.37		13.78
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	3	\$	23.23	\$	7.74	.004	\$	23.23	\$.03
PATHOLOGY	1	3		23.23		7.74	.004		23.23		.03
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	111	194	\$	9,326.14	\$	48.07	.261	\$	84.02	\$	12.54
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	111	194		9,326.14		48.07	.261		84.02		12.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 6,128
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR TITLE	II D	DISREGARD - DISABLEI	D AII	CODES 36	66 6C				

111111111111111111111111111111111111111		.020 1011 11122 .				3 1112 00220 0	MC	NTHLY AVERA	GE	
744 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	E	XPENDITURES	AVERAGE COST			COS	ST PER
		OR DAYS OF CARE				PER UNIT/DAY		USER	ELI	GIBLE
@ALL OTHER PROVIDERS	60	1,115	\$		7,656.31	\$ 6.87	1.499	\$ 127.61	\$	10.29
DURABLE MED. EQUIP.	1	5			4,536.16	907.23	.007	4536.16		6.10
BLOOD BANK	0	0			.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0			.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	6	62			1,008.72	16.27	.083	168.12		1.36
AMBULANCES/AIR TRANS	6	52			909.87	17.50	.070	151.65		1.22
OTHER TRANS	0	0			.00	.00	.000	.00		.00
OTHER SERVICES	3	10			98.85	9.89	.013	32.95		.13
ACUPUNCTURE	0	0			.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0			.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00		.00
OPTICIAN	15	35			362.66	10.36	.047	24.18		.49
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0			.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00	.00	.000	.00		.00
PROSTHETICS	0	0			.00	.00	.000	.00		.00
ORTHOTICS	0	0			.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0			.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	2	2			756.05	378.03	.003	378.03		1.02
HOSPICE SERVICES	0	0			.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	1	6			62.40	10.40	.008	62.40		.08
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	39	1,005			930.32	.93	1.351	23.85		1.25
@CALIF. CHILDREN SERVICES*	3	6	\$		502.46	\$ 83.74	.008	\$ 167.49	\$.68
@XOVER EXCLUDING STATE HOSP**	231	759	\$		33,325.46	\$ 43.91	1.020	\$ 144.27	\$	44.79

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,129 MOP024 FEE-FOR-SERVICE/DENTAL

MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

MADERA COUNTY	SUMMARY OF SERV	TITLE II DIS	SREGARD - FAMILIES	DISCONTINU		a	7.0
00 811018180	HORDO	INTEG OF SERVICE		317ED30E 000E	MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$ 0	.00	\$.00 .00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0			.000	.00	
OFFICE VISITS HOME VISITS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0					
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	-	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	-	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.000		
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	-	.00	.00	.000	.00	.00
DIALYSIS		0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.000		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0 \$.000		
@PHARMACY	0	0 \$ 0	.00	\$.00 .00	.000 \$.000	.00	\$.00
PRESCRIPTION DRUGS	0	0					
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
	0	0 \$					\$.00
@DENTIST	0	0 \$ 0	.00	\$.00 .00	.000 \$.000	.00	.00
VISITS - DIAGNOSTIC	0	· ·					
ORAL SURGERY DRUGS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0					
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000		
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

03/14/05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MADERA COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

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							M	CNO	THLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$		\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		· · · · · · · · · · · · · · · · · · ·					.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 6,131
		/ DENIES T					
MOPO24	FEE-FOR-SERVICE		DICDECADD EAMILTE	C DICCOMMIN	IIIED		03/14/05
MADERA COUNTY		/DENTAL ICES FOR TITLE II I	DISREGARD - FAMILIE	S DISCONTIN		THE V NITTON	
MADERA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II I			MON		GE
		ICES FOR TITLE II I UNITS OF SERVICE	DISREGARD - FAMILIE EXPENDITURES	AVERAGE COST	MON UNITS/DAYS	COST PER	GE COST PER
MADERA COUNTY 00 ELIGIBLES	SUMMARY OF SERV USERS	ICES FOR TITLE II I UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II I UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$.00	MON UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	GE COST PER ELIGIBLE \$.00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS	ICES FOR TITLE II I UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	GE COST PER ELIGIBLE \$.00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II I UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II I UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II I UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II I UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 0	ICES FOR TITLE II I UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 0	ICES FOR TITLE II I UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 0	ICES FOR TITLE II I UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II I UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 0	ICES FOR TITLE II I UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II I UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON S UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON S UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON S UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON S UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON S UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON S UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON S UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON S UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-O	F-PAYMENT RE	EPORT I	FOR JAN 2004	4 THRU	DEC	2004	PAGE	6,132
MOP024	FEE-FOR-SERVICE/DENTAL									0.3	3/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	TITLE :	II DISREGARI	O - FAMILIES	5 D:	ISCONTINUED					
							N	ONTH	ILY AVERAC	3E	

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PROSTHETICS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,133 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL ----- MONTHLY AVERAGE -----USERS 2.755 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,483 216,725 \$ 1,169,993.35 \$ 5.40 78.666 \$ 1,536 \$ 21,197.31 \$ 13.80 .558 \$ @TOTAL, ALL PROVIDERS 471.20 \$ 424.68 579 @PHYSICIANS SERVICES .558 \$ 36.61 \$ 7.69 11 OUTPATIENT VISITS .12 OFFICE VISITS 8 .08 .00 HOME VISITS 1 1 0 0 0 0 0 1 2 1 5 5 5 EMERGENCY ROOM
PREVENTIVE CARE .02 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT . 02 INPATIENT VISITS .13 HOSPITAL VISITS 0 19 19 0 78 1 1 0 0 1, 77 3 3 0 19 CRITICAL CARE . 00 SNF/ICF/TRANS IP CARE .00 OPHTHALMOLOGICAL SERVICES .12 EXAMINATIONS . 12 0 . 00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY 1 0 1 1 1 1 0 0 0 0 0 1 1 3 6 0 0 0 0 0 559 1,413 193 113,697 \$ 10,389 329 10,066 103,7 PRINCIPAL SURGEON ASSISTANT SURGEON . 00 ANESTHESIOLOGIST OUTPATIENT SURGERY .10 PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST .00 DIALYSIS .00 PATHOLOGY . 0.8 RADIOLOGY .00 PSYCHIATRY IMMUNIZATION AND INJECTION 19,259.78 OTHER SERVICES/ALL X-OVERS 13.63 .513 34.45 6.99 837,058.36 \$ 7.36 41.269 \$ 381.70 \$ 303.83 @PHARMACY 806,000.48 77.58 21,177.16 64.37 784,823.32 78.01 31,057.88 .30 3.771 373.15 PRESCRIPTION DRUGS SNF/ICF .119 572.36 OUTPATIENTS 3.652 368.46 284.87 MEDICAL SUPPLIES .30 37.498 87.24 .215 \$ 134.30 \$ @DENTIST 22,561.75 \$ 38.11 8.19 3,839.50 10.69 2,376.25 55.26 .00 .00 100 359 .130 38.40 VISITS - DIAGNOSTIC 1.39 55.26 .016 .00 .000 .00 .000 93.36 .005 176.83 ORAL SURGERY 113.15 0 0 .00 .00 DRUGS Ω .00 . 00 ANESTHESTA 93.36 1,307.00 PERIODONTICS ENDODONTICS ENDODONTICS 6 70 1,061.00 176.83 4,897.00 69.96 60.00 30.00 .002 265.25 .025 139.91 4 .39 RESTORATIVE DENTISTRY 1.78

.001 30.00

. 02

DENTURES, STAYPLATES	47	94	9,021.00	95.97	.034	191.94	3.27
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	4	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN 200	4 THRU DEC	2004	PAGE 6,134
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR TITLE II I	DISREGARD - TOTAL				

MADERA COUNTI	SUMMARI OF SER	VICES FOR III.	TE II	DISREGARD - IOIAL			M	ONIT	מדע אוופסא	CF	
2,755 ELIGIBLES	USERS	UNITS OF SER	VICE	EXPENDITURES	Δ1/Ε	RACE COST	UNITS/DAY			.GE	COST PER
2,733 EDIGIDDES	ODERO	OR DAYS OF		EXIENDITORES			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	45	10:		2,429.08	\$	24.05	.037		53.98	Ś	.88
DIAGNOSTIC AND ANC. PROCED	11	1:		411.03	Y	34.25	.004	٧	37.37	Y	.15
EYE APPLIANCES	26	6	_	1,170.00		17.21	.025		45.00		.42
OTHER OPTOMETRIC SERVICES	13	2:		848.05		40.38	.023		65.23		.31
@CHIROPRACTOR	9	1.			\$	13.90	.005	ċ	23.17	ċ	.08
• -	3				Ą			Þ		Ş	
VISITS	3		5	83.60		16.72	.002		27.87		.03
OTHER SERVICES	6 47	10		124.93	<u> </u>	12.49	.004	<u> </u>	20.82	<u> </u>	.05
@PODIATRIST	- '	7.			\$	10.73	.027	\$	17.13	Ş	.29
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	47	7.		805.09		10.73	.027		17.13		.29
@HOME HEALTH AGENCY	0	(0 \$		\$.00	.000			\$.00
NURSE ANESTHESIST	1		3 \$		\$	7.08		\$	21.25	\$.01
NURSE MIDWIFE	0	(0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	(0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	194	848	8 \$	41,231.30	\$	48.62	.308	\$	212.53	\$	14.97
HOSP INPATIENT TOTAL	28		0	21,345.29		.00	.000		762.33		7.75
HSC HOSPITALS	0	(0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	(0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0	.00		.00	.000		.00		.00
ANCILLARIES	0		0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	28		0	21,345.29		.00	.000		762.33		7.75
ALL OTHER INPATIENT	0		0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	175	84	-	19,886.01		23.45	.308		113.63		7.22
MEDICAL	2		3	96.99		32.33	.001		48.50		.04
SURGERY	0		0	.00		.00	.000		.00		.00
PATHOLOGY	4	1:	-	104.71		9.52	.004		26.18		.04
	3		3	222.81		74.27	.004		74.27		.08
RADIOLOGY	3		3 9								
ROOM USE				311.76		34.64	.003		103.92		.11
CROSSOVERS/ALL OTH OUTPTNT		82:		19,149.74		23.30	.298		111.99		6.95
@COUNTY HOSPITAL TOTAL	1		2 \$		\$	1.72	.001	Ş	3.43	Ş	.00
CO HOSPITAL INPATIENT TOTAL			0	.00		.00	.000		.00		.00
HSC HOSPITALS	0		0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	(0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0	.00		.00	.000		.00		.00
ANCILLARIES	0	(0	.00		.00	.000		.00		.00

ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
MEDICAL 0 0 .00 .00 .00 .00 .00 SURGERY 0 0 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00 .00 RADIOLOGY 0 0 .00 .00 .00 .00 .00 ROOM USE 0 0 .00 .00 .00 .00 .00	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
SURGERY 0 0 .00 .	CO HOSP OUTPATIENT TOTAL	1	2	3.43	1.72	.001	3.43	.00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 ROOM USE 0 0 .00 .00 .00 .00 .00 .00 .00	MEDICAL	0	0	.00	.00	.000	.00	.00
RADIOLOGY 0 0 .00 <td< td=""><td>SURGERY</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></td<>	SURGERY	0	0	.00	.00	.000	.00	.00
ROOM USE 0 0 .00 .00 .00 .00 .00	PATHOLOGY	0	0	.00	.00	.000	.00	.00
	RADIOLOGY	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTDING 1 2 3.43 1.72 0.01 3.43 0.0	ROOM USE	0	0	.00	.00	.000	.00	.00
CNODOUVEND/NII OII OII INI	CROSSOVERS/ALL OTH OUTPINT	1	2	3.43	1.72	.001	3.43	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,135	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	D EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,135
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05	MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL	MADERA COUNTY	SUMMARY OF SERVICES F	FOR TITLE II DIS	REGARD - TOTAL				
MONTHLY AVERAGE						MON'	THLY AVERAG	E
2,755 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	2,755 ELIGIBLES	USERS UNITS	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE		OR I	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL 193 846 \$ 41,227.87 \$ 48.73 .307 \$ 213.62 \$ 14.96	@COMMUNITY HOSPITAL TOTAL	193	846 \$	41,227.87	\$ 48.73	.307 \$	213.62	\$ 14.96
COMM HOSP INPATIENT TOTAL 28 0 21,345.29 .00 .000 762.33 7.75	COMM HOSP INPATIENT TOTAL	28	0	21,345.29	.00	.000	762.33	7.75
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0	.00	.00		.00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER ACCOM	0	0	.00	.00		.00	.00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0		.00			
INPATIENT CROSSOVERS 28 0 21,345.29 .00 .000 762.33 7.75	INPATIENT CROSSOVERS	- -	0	21,345.29	.00		762.33	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER INPATIENT	0	0		.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL 174 846 19,882.58 23.50 .307 114.27 7.22	COMM HOSP OUTPATIENT TOTAL	174	846	,				
MEDICAL 2 3 96.99 32.33 .001 48.50 .04	MEDICAL	2	3	96.99			48.50	
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00	SURGERY	0	0					.00
PATHOLOGY 4 11 104.71 9.52 .004 26.18 .04		4	11					
RADIOLOGY 3 3 222.81 74.27 .001 74.27 .08		3	3					
ROOM USE 3 9 311.76 34.64 .003 103.92 .11	ROOM USE	3	9	311.76	34.64	.003	103.92	.11

CROSSOVERS/ALL OTH OUTPINT	170	820		19,146.31		23.35	.298		112.63		6.95
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	38	815	Ś	148,671.71	Ś	182.42	.296	Ś	3912.41	Ś	53.96
LEV A-INTERMEDIATE	0	0		.00	'	.00	.000		.00		.00
LEV B-REHAB MD	1	16		2,005.12		125.32	.006		2005.12		.73
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	37	799		146,666.59		183.56	.290		3963.96		53.24
@INTERMEDIATE CARE FACILDD	0	0	S	.00	Ś	.00	.000	Ċ	.00	\$.00
ICF DDH	0	0	٧	.00	۲	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	15	19	Ċ	10,250.53	Ś	539.50	.007	Ċ	683.37	Ś	3.72
HOSPITAL BASED	0	19	Ą	.00	۲	.00	.000	Ą	.00	۲	.00
HEMODIALYSIS CENTER	15	19		10,250.53		539.50	.007		683.37		3.72
	1.5	19	Ś	•	Ċ			<u>_</u>		ć	.00
@REHABILITATION FACILITY	0	0	Ş	.00	\$.00	.000	Þ	.00	\$	
HOSPITAL BASED	0	U		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	4	\$	27.08	\$	6.77	.001	Ş	13.54	Ş	.01
PATHOLOGY	1	3		23.23		7.74	.001		23.23		.01
XO AND OTHERS	1	1		3.85		3.85	.000		3.85		.00
@ORGANIZED OUTPATIENT CLINIC	400	646	Ş	22,842.95	\$	35.36	.234	Ş	57.11	\$	8.29
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	3	3		403.74		134.58	.001		134.58		.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	397	643		22,439.21		34.90	.233		56.52		8.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT R	EPOR:	r for Jan 2	2004 THRU	DEC	2004	P.	AGE 6,136
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
MADERA COUNTY	SUMMARY OF SERV	JICES FOR TITLE	II DI:	SREGARD - TOTAL							
							M	IONT	HLY AVERA	GE	
2,755 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RE		PEF	R UNIT/DAY	PER ELIG	j	USER		ELIGIBLE
@ALL OTHER PROVIDERS	489	98 , 374	\$	62,688.41	\$.64	35.707	\$	128.20	\$	22.75
DURABLE MED. EQUIP.	7	14		4,793.68		342.41	.005		684.81		1.74
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	17	25		6,878.22		275.13	.009		404.60		2.50
MEDICAL TRANSPORTATION	23	252		2,618.79		10.39	.091		113.86		.95
AMBULANCES/AIR TRANS	14	146		2,072.45		14.19	.053		148.03		.75

2,755 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	489	98 , 374 \$	62,688.41	\$.64	35.707	128.20	\$ 22.75
DURABLE MED. EQUIP.	7	14	4,793.68	342.41	.005	684.81	1.74
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	17	25	6 , 878.22	275.13	.009	404.60	2.50
MEDICAL TRANSPORTATION	23	252	2,618.79	10.39	.091	113.86	.95
AMBULANCES/AIR TRANS	14	146	2,072.45	14.19	.053	148.03	.75
OTHER TRANS	8	88	398.60	4.53	.032	49.83	.14
OTHER SERVICES	4	18	147.74	8.21	.007	36.94	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	55	172	19,198.44	111.62	.062	349.06	6.97
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	64	161	1,807.62	11.23	.058	28.24	.66
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	90.21	30.07	.001	45.11	.03
PROSTHETICS	2	3	90.21	30.07	.001	45.11	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	16	4,844.86	302.80	.006	403.74	1.76

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	6	62.40	10.40	.002	62.40	.02
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	359	97 , 725	22,394.19	.23	35.472	62.38	8.13
@CALIF. CHILDREN SERVICES*	4	7	\$ 527.46	\$ 75.35	.003	\$ 131.87	\$.19
@XOVER EXCLUDING STATE HOSP**	1,046	16,817	\$ 130,172.76	\$ 7.74	6.104	\$ 124.45	\$ 47.25

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,137 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MADERA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

MADERA COUNTY	SUMMARY OF SER	VICES FOR IN HOM	E SUP	PORT - AGED		AID CODE	18				
							MC	TNC	HLY AVERA	GΕ	
658 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	672	76 , 825	\$	409,936.90	\$	5.34	116.755		610.03	\$	623.00
@PHYSICIANS SERVICES	127	308	\$	5 , 187.61	\$	16.84	.468	\$	40.85	\$	7.88
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	2	2		16.02		8.01	.003		8.01		.02
EXAMINATIONS	2	2		16.02		8.01	.003		8.01		.02
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	127	306		5 , 171.59		16.90	.465		40.72		7.86
@PHARMACY	554	30,803	\$	208,946.43	\$	6.78	46.813	\$	377.16	\$	317.55
PRESCRIPTION DRUGS	527	2 , 754		199,318.83		72.37	4.185		378.21		302.92
SNF/ICF	19	112		6,192.02		55.29	.170		325.90		9.41
OUTPATIENTS	514	2,642		193,126.81		73.10	4.015		375.73		293.51
MEDICAL SUPPLIES	138	28,049		9,627.60		.34	42.628		69.77		14.63
@DENTIST	37	152	\$	5,701.00	\$	37.51	.231	\$	154.08	\$	8.66
VISITS - DIAGNOSTIC	27	109		1,008.00		9.25	.166		37.33		1.53
ORAL SURGERY	3	6		510.00		85.00	.009		170.00		.78

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
	11	11		928.00	84.36	.017	84.36		1.41
PERIODONTICS									
ENDODONTICS	1	1		41.00	41.00	.002	41.00		.06
RESTORATIVE DENTISTRY	8	12		659.00	54.92	.018	82.38		1.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	5	12		2,555.00	212.92	.018	511.00		3.88
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	1		.00	.00	.002	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	Ε	PAGE 6,138
MOP024	FEE-FOR-SERVICE								03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR IN HO	ME SU	PPORT - AGED	AID CODE	18			
						MON	THLY AVERA	GE	
658 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CA	RE		PER UNIT/DAY	Y PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	5	14	\$	220.00	\$ 15.71	.021 \$	44.00	\$.33
DIAGNOSTIC AND ANC. PROCED	1	1		8.01	8.01	.002	8.01		.01
EYE APPLIANCES	4	12		202.18	16.85	.018	50.55		.31
OTHER OPTOMETRIC SERVICES	1	1		9.81	9.81	.002	9.81		.01
@CHIROPRACTOR	0	0	Ś	.00	\$.00	.000		\$.00
VISITS	0	0	-	.00	.00	.000	.00	- T	.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	16	2.6	Ś	221.59	\$ 8.52	.040		\$.34
MEDICINE/INJECTIONS	0	0	т	.00	.00	.000	.00	т	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	16	26		221.59	8.52	.040	13.85		.34
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0	ر خ	.00	\$.00	.000		Ś	.00
	0	0	ڊ خ	.00	\$.00	.000		\$.00
NURSE MIDWIFE	· ·	0	۶ Ś	.00	, , , , , , , , , , , , , , , , , , , ,	.000		ş S	
PEDIATRIC NURSE PRACTITIONER	. 0	0	ş S		T				.00
FAMILY NURSE PRACTITIONER	•	•	ş S	.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	53	108	\$	14,237.97	\$ 131.83	.164 \$		\$	21.64
HOSP INPATIENT TOTAL	16	0		11,708.65	.00	.000	731.79		17.79
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	16	0		11,708.65	.00	.000	731.79		17.79
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	40	108		2,529.32	23.42	.164	63.23		3.84
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
DA MILOT OCM	^	0		0.0	0.0	000	0.0		0.0

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@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

ROOM USE

NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000)	.00		.00
ACCOMMODATIONS	0		Ö		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ō		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000)	.00		.00
ANCILLARIES	0		0		.00		.00	.000)	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000)	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000)	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000)	.00		.00
MEDICAL	0		0		.00		.00	.000)	.00		.00
SURGERY	0		0		.00		.00	.000)	.00		.00
PATHOLOGY	0		0		.00		.00	.000)	.00		.00
RADIOLOGY	0		0		.00		.00	.000)	.00		.00
ROOM USE	0		0		.00		.00	.000)	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000)	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXP	ENDITUR	ES MONI	'H-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	J DEC	2004	P	AGE 6,139
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR	IN HOME	SUPPOF	T - AGED		AID CODE	18				
										HLY AVERA	GE.	
658 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DA	YS	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	53		108	\$	14,237.97	\$	131.83	.164	: \$	268.64	\$	21.64
COMM HOSP INPATIENT TOTAL	16		0		11,708.65		.00	.000)	731.79		17.79
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	16		0		11,708.65		.00	.000		731.79		17.79
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	40		108		2,529.32		23.42	.164		63.23		3.84
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	40		108		2,529.32		23.42	.164		63.23		3.84
@STATE HOSPITAL	0		0	\$.00	\$.00	.000		.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0	_	.00	_	.00	.000		.00	_	.00
@NURSING FACILITY	40		765	\$	96,383.95	\$	125.99	1.163		2409.60	\$	146.48
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000)	.00		.00

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LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	66	125	\$	3,964.21	\$	31.71	.190	\$	60.06	\$	6.02
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	66	125		3,964.21		31.71	.190		60.06		6.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES :	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 6,140
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	E SU	PPORT - AGED		AID CODE	18				
							M	TNOI	HLY AVERA	GE -	
658 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	.S	COST PER	(COST PER
		OR DAYS OF CARE	C		PER	. UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	227	44,497	\$	58,809.89	\$	1.32	67.625	\$	259.07	\$	89.38
DURABLE MED. EQUIP.	2	0		24.84		.00	.000		12.42		.04
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	7	10		4,169.11		416.91	.015		595.59		6.34
MEDICAL TRANSPORTATION	35	15 , 961		32,013.12		2.01	24.257		914.66		48.65
AMBULANCES/AIR TRANS	4	90		733.94		8.15	.137		183.49		1.12
OTHER TRANS	31	15 , 822		31,265.82		1.98	24.046		1008.57		47.52
OTHER SERVICES	2	49		13.36		.27	.074		6.68		.02
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	39	208		14,045.00		67.52	.316		360.13		21.34
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	6	12		161.26		13.44	.018		26.88		.25
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	11.38		5.69	.003	5.69	.02
PROSTHETICS	2	2	11.38		5.69	.003	5.69	.02
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5	891.69	17	8.34	.008	297.23	1.36
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	151	28,299	7,493.49		.26	43.008	49.63	11.39
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	299	7,321	\$ 66,272.28	\$	9.05	11.126	\$ 221.65	\$ 100.72

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,141 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MADERA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

MADERA COUNTI	SOMMAKI OF SEK	VICES FOR IN HOME SO	DEFORT - PLIND		AID CODE	20		
						MON	ITHLY AVERA	GE
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITUR	ES AV	ERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	11	289 \$	13,390.	48 \$	46.33	41.286	1217.32	\$ 1912.93
@PHYSICIANS SERVICES	6	11 \$	82.	22 \$	7.47	1.571	13.70	\$ 11.75
OUTPATIENT VISITS	0	0		0.0	.00	.000	.00	.00
OFFICE VISITS	0	0		0.0	.00	.000	.00	.00
HOME VISITS	0	0		0.0	.00	.000	.00	.00
EMERGENCY ROOM	0	0		0.0	.00	.000	.00	.00
PREVENTIVE CARE	0	0		0.0	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		0.0	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		0.0	.00	.000	.00	.00
INPATIENT VISITS	0	0		0.0	.00	.000	.00	.00
HOSPITAL VISITS	0	0		0.0	.00	.000	.00	.00
CRITICAL CARE	0	0		0.0	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		0.0	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		0.0	.00	.000	.00	.00
EXAMINATIONS	0	0		0.0	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		0.0	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		0.0	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		0.0	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		0.0	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		0.0	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		0.0	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		0.0	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		0.0	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		0.0	.00	.000	.00	.00
DIALYSIS	0	0		0.0	.00	.000	.00	.00
PATHOLOGY	0	0		0.0	.00	.000	.00	.00
RADIOLOGY	0	0		0.0	.00	.000	.00	.00
PSYCHIATRY	0	0		0.0	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		0.0	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	11	82.	22	7.47	1.571	13.70	11.75
@PHARMACY	11	238 \$	12,273.	36 \$	51.57	34.000	1115.81	\$ 1753.41
PRESCRIPTION DRUGS	11	108	12,048.	53	111.56	15.429	1095.32	1721.22

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	11	108		12,048.53		111.56	15.429	1095.32	17	721.22
MEDICAL SUPPLIES	6	130		225.33		1.73	18.571	37.56		32.19
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR	ES MONTH	-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC 2004	PAGE	6,142
MOP024	FEE-FOR-SERVICE/DENTAL								C	3/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

MADERA COUNTI	SUMMAKI OF SEK	THOU III AND CHOIV.	SUF	FORT - PITIND		AID CODE	20				
							M	INO	THLY AVERA	GΕ	
07 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	7	\$	378.81	\$	54.12	1.000	\$	126.27	\$	54.12
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	7		378.81		54.12	1.000		126.27		54.12
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	7	378.81	54.12	1.000	126.27	54.12
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT REE	PORT FOR JAN	2004 THRU DE	C 2004	PAGE 6,143
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	SUPPORT - BLIND	AID CODE	28		
					MON'	THLY AVERAG	E

								LI AVERA	GE .	
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	S C	OST PER	(COST PER
		OR DAYS OF CARE		PER U	JNIT/DAY	PER ELIG		USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	7 \$	378.81	\$	54.12	1.000	\$	126.27	\$	54.12
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	7	378.81		54.12	1.000		126.27		54.12
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	7	378.81		54.12	1.000		126.27		54.12
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	Ö		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	17	\$	500.31	\$	29.43	2.429	\$	83.39	\$	71.47
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	17		500.31		29.43	2.429		83.39		71.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU:	RES MONTH	-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 6,144
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	IN HOM	E SUPPORT	' - BLIND		AID CODE	28				

----- MONTHLY AVERAGE -----07 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9 155.28 2.286 \$ @ALL OTHER PROVIDERS 16 9.71 17.25 \$ 22.18 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 .00 MEDICAL TRANSPORTATION .000 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 OPTICIAN 0 .00 .000 .00 .00 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .000 PORTABLE X-RAY .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETICS .000 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 PSYCHOLOGIST .00 .000 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. Ω .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .000 .00 155.28 ALL OTHER PROVIDERS 16 9.71 2.286 17.25 22.18 .00 @CALIF. CHILDREN SERVICES* 0 .00 \$.000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 634.20 5.286 \$ 17.14 70.47 \$ 90.60

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,145 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

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MADERA COUNTY	SUMMARY OF SERV	VICES FOR	IN HOME	SUPPORT	- DISABLED	AID CODE				
								ONTHLY AVERA	ΔGE	
184 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES	AVERAGE COST				COST PER
			OF CARE			PER UNIT/DAY				ELIGIBLE
@TOTAL, ALL PROVIDERS	213	26	6,188	\$	156,403.99	\$ 5.97	142.326			850.02
@PHYSICIANS SERVICES	60		239	\$	5 , 739.19	•	1.299		\$	31.19
OUTPATIENT VISITS	10		14		537.85	38.42	.076	53.79		2.92
OFFICE VISITS	9		13		469.50	36.12	.071	52.17		2.55
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1		1		68.35	68.35	.005	68.35		.37
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	2		3		181.65	60.55	.016	90.83		.99
EXAMINATIONS	2		3		181.65	60.55	.016	90.83		.99
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	3		9		2,953.12	328.12	.049	984.37		16.05
PRINCIPAL SURGEON	2		3		2,568.87	856.29	.016	1284.44		13.96
ASSISTANT SURGEON	1		1		238.27	238.27	.005	238.27		1.29
ANESTHESIOLOGIST	1		5		145.98	29.20	.027	145.98		.79
DIALYSIS	1		1		225.04	225.04	.005	225.04		1.22
PATHOLOGY	7		32		215.49	6.73	.174	30.78		1.17

RADIOLOGY	1	1		21.60		21.60	.005		21.60		.12
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		7.65		7.65	.005		7.65		.04
OTHER SERVICES/ALL X-OVERS	47	178		1,596.79		8.97	.967		33.97		8.68
@PHARMACY	194	L3 , 398	\$	110,690.77	\$	8.26	72.815	\$	570.57	\$	601.58
PRESCRIPTION DRUGS	185	1,123		103,327.32		92.01	6.103		558.53		561.56
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	185	1,123		103,327.32		92.01	6.103		558.53		561.56
MEDICAL SUPPLIES	64	12,275		7,363.45		.60	66.712		115.05		40.02
@DENTIST	13	88	\$	3,838.00	\$	43.61	.478	\$	295.23	\$	20.86
VISITS - DIAGNOSTIC	9	35		454.00		12.97	.190		50.44		2.47
ORAL SURGERY	5	26		2,120.00		81.54	.141		424.00		11.52
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		236.00		118.00	.011		118.00		1.28
ENDODONTICS	1	1		.00		.00	.005		.00		.00
RESTORATIVE DENTISTRY	4	6		358.00		59.67	.033		89.50		1.95
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	18		670.00		37.22	.098		223.33		3.64
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-C	OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 6,146
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	- DISABLED		AID CODE	E 68				

MADERA COUNTI	DOMESTIC OF DELLA	TCED FOIL	110111	DOLLOKI	עמעמאטנע		AID CODE	00				
								Mo	ТИС	HLY AVERA	GE.	
184 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3		9	\$	167.20	\$	18.58	.049	\$	55.73	\$.91
DIAGNOSTIC AND ANC. PROCED	1		1		39.44		39.44	.005		39.44		.21
EYE APPLIANCES	3		8		127.76		15.97	.043		42.59		.69
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	3		4	\$	50.02	\$	12.51	.022	\$	16.67	\$.27
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	3		4		50.02		12.51	.022		16.67		.27
@HOME HEALTH AGENCY	11		40	\$	2,837.88	\$	70.95	.217	\$	257.99	\$	15.42
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	39		114	\$	13,620.12	\$	119.47	.620	\$	349.23	\$	74.02
HOSP INPATIENT TOTAL	8		0		6,562.24		.00	.000		820.28		35.66
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	8	0	6,562.24	.00	.000	820.28	35.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	36	114	7,057.88	61.91	.620	196.05	38.36
MEDICAL	3	3	83.31	27.77	.016	27.77	.45
SURGERY	2	2	298.81	149.41	.011	149.41	1.62
PATHOLOGY	2	1	43.24	10.81	.022	21.62	.24
	1	1	63.71	63.71	.005	63.71	.35
RADIOLOGY	1	1					
ROOM USE	3	4	287.61	71.90	.022	95.87	1.56
CROSSOVERS/ALL OTH OUTPTNT	32	100	6,281.20	62.81	.543	196.29	34.14
@COUNTY HOSPITAL TOTAL	1	1 \$		\$ 9.78	.005 \$		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	9.78	9.78	.005	9.78	.05
	1	1					
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	U	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	1	9.78	9.78	.005	9.78	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 6,147
1107004							/ /
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
		DENTAL CES FOR IN HOME S	UPPORT - DISABLED	AID CODE	2 68		03/14/05
			UPPORT - DISABLED	AID CODE		THLY AVERA	
MADERA COUNTY	SUMMARY OF SERVI	CES FOR IN HOME S			MON		GE
MADERA COUNTY	SUMMARY OF SERVI	CES FOR IN HOME S UNITS OF SERVICE	UPPORT - DISABLED EXPENDITURES	AVERAGE COST	MON UNITS/DAYS	COST PER	GE COST PER
MADERA COUNTY 184 ELIGIBLES	SUMMARY OF SERVI USERS	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVI USERS 38	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$	EXPENDITURES 13,610.34	AVERAGE COST PER UNIT/DAY \$ 120.45	MON UNITS/DAYS PER ELIG .614 \$	COST PER USER 358.17	GE COST PER ELIGIBLE \$ 73.97
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVI USERS	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0	EXPENDITURES 13,610.34 6,562.24	AVERAGE COST PER UNIT/DAY \$ 120.45	MON UNITS/DAYS PER ELIG .614 \$.000	COST PER USER 358.17 820.28	GE COST PER ELIGIBLE \$ 73.97 35.66
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVI USERS 38 8 0	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$	EXPENDITURES 13,610.34 6,562.24 .00	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00	MON UNITS/DAYS PER ELIG .614 \$.000 .000	COST PER USER 358.17 820.28 .00	GE COST PER ELIGIBLE \$ 73.97 35.66 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVI USERS 38	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0	EXPENDITURES 13,610.34 6,562.24 .00	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00	MON UNITS/DAYS PER ELIG .614 \$.000 .000	COST PER USER 358.17 820.28 .00	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVI USERS 38 8 0	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000	COST PER USER 358.17 820.28 .00 .00	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVI USERS 38 8 0	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000	COST PER USER 358.17 820.28 .00 .00	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVI USERS 38 8 0	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000	COST PER USER 358.17 820.28 .00 .00 .00	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVI USERS 38 8 0	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 358.17 820.28 .00 .00 .00	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVI USERS 38 8 0	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 358.17 820.28 .00 .00 .00	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVI USERS 38 8 0	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000	COST PER USER 358.17 820.28 .00 .00 .00	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVI USERS 38 8 0	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 358.17 820.28 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVI USERS 38 8 0 0 0 0 0 0 0 8	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0 0 0	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 358.17 820.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVI USERS 38 8 0 0 0 0 0 0 0 0 0 0 0	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .7,048.10	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS FER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 358.17 820.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERVI USERS 38 8 0 0 0 0 0 0 0 0 35 35	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0 113 3	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00 .00 .00 .7,048.10 83.31	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 358.17 820.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERVI USERS 38 8 0 0 0 0 0 0 0 0 35 3 2	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0 113 3 2	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .7,048.10 83.31 298.81	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 358.17 820.28 .00 .00 .00 .00 .00 .00 .00 .201.37 .27.77 149.41	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERVI USERS 38 8 0 0 0 0 0 0 0 0 35 3 2 2	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0 113 3 2 4	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00 .00 .00 .00 .7,048.10 .83.31 .298.81 .43.24	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 358.17 820.28 .00 .00 .00 .00 .00 .00 .00 .20 .28 .00 221.37 27.77 149.41 21.62	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVI USERS 38 8 0 0 0 0 0 0 0 0 35 32 2 2 1	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0 0 0 0 113 3 2 4 1	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .7,048.10 .83.31 .298.81 .43.24 .63.71	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 358.17 820.28 .00 .00 .00 .00 .00 .00 .00 .201 .37 .27.77 149.41 .21.62 .63.71	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVI USERS 38 8 0 0 0 0 0 0 0 0 35 32 2 2 1 3	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0 0 0 0 113 3 2 4 1 4	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .7,048.10 83.31 298.81 43.24 63.71 287.61	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 358.17 820.28 .00 .00 .00 .00 .00 .00 .00 .201.37 .27.77 149.41 .21.62 .63.71 .95.87	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERVI USERS 38 8 0 0 0 0 0 0 0 0 0 35 3 2 2 2 1 3 31	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0 0 113 3 2 4 1 4 99	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00 .00 .00 .00 .7,048.10 .83.31 .298.81 .43.24 .63.71 .287.61 .6,271.42	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 358.17 820.28 .00 .00 .00 .00 .00 .00 .00 .201 .37 .27.77 149.41 .21.62 .63.71 .95.87 .202.30	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVI USERS 38 8 0 0 0 0 0 0 0 0 35 3 2 2 1 3 31 0	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0 0 0 0 113 3 2 4 1 4 99 0 \$	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00 .00 .00 .00 .7,048.10 .83.31 .298.81 .43.24 .63.71 .287.61 .6,271.42 .00	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 358.17 820.28 .00 .00 .00 .00 .00 .00 .00 .201 .37 .27.77 149.41 .21.62 .63.71 .95.87 .202.30 .00	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVI USERS 38 8 0 0 0 0 0 0 0 0 0 35 3 2 2 1 3 31 0 0	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0 0 0 0 113 3 2 4 1 4 99 0 \$ 0 \$	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00 .00 .00 .00 .7,048.10 .83.31 .298.81 .43.24 .63.71 .287.61 .6,271.42 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 358.17 820.28 .00 .00 .00 .00 .00 .00 .00 .00 .20 .28 .00 .21.37 .27.77 149.41 .21.62 .63.71 .95.87 .202.30 .00 .00 .00	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVI USERS 38 8 0 0 0 0 0 0 0 35 3 2 2 1 3 31 0 0 0 0	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0 0 113 3 2 4 1 4 99 0 \$ 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00 .00 .00 .00 .7,048.10 83.31 298.81 43.24 63.71 287.61 6,271.42 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 358.17 820.28 .00 .00 .00 .00 .00 .00 .00 .201 .37 .27.77 149.41 .21.62 .63.71 .95.87 .202.30 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	SUMMARY OF SERVI USERS 38 8 0 0 0 0 0 0 0 0 35 35 3 2 2 1 3 31 0 0 0 0 0 0	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0 0 113 3 2 4 1 4 99 0 \$ 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 0 0 0 0	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .7,048.10 .83.31 .298.81 .43.24 .63.71 .287.61 6,271.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 358.17 820.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .201.37 .27.77 149.41 .21.62 63.71 .95.87 .202.30 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00 .00 .35.66 .00 38.30 .45 1.62 .24 .35 1.56 34.08 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
MADERA COUNTY 184 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVI USERS 38 8 0 0 0 0 0 0 0 35 3 2 2 1 3 31 0 0 0 0	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 113 \$ 0 0 0 0 0 0 0 0 113 3 2 4 1 4 99 0 \$ 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	EXPENDITURES 13,610.34 6,562.24 .00 .00 .00 .00 .00 .00 .00 .00 .7,048.10 83.31 298.81 43.24 63.71 287.61 6,271.42 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 120.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .614 \$.000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 358.17 820.28 .00 .00 .00 .00 .00 .00 .00 .201 .37 .27.77 149.41 .21.62 .63.71 .95.87 .202.30 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 73.97 35.66 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	17	\$	2,790.28	\$	164.13	.092	\$	465.05	\$	15.16
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	17		2,790.28		164.13	.092		465.05		15.16
@REHABILITATION FACILITY	2	46	\$	916.02	\$	19.91	.250	\$	458.01	\$	4.98
HOSPITAL BASED	2	46		916.02		19.91	.250		458.01		4.98
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	25	\$	215.06	\$	8.60	.136	\$	43.01	\$	1.17
PATHOLOGY	5	25		215.06		8.60	.136		43.01		1.17
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	53	75	\$	3,816.84	\$	50.89	.408	\$	72.02	\$	20.74
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	53	75		3,816.84		50.89	.408		72.02		20.74
#CALIF DEPT OF HEALTH SERV			ES 1	MONTH-OF-PAYMENT R	EPOR:	r for Jan	2004 THRU	DEC	2004	PΑ	AGE 6,148
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
MADERA COUNTY	SUMMARY OF SERVIO	CES FOR IN HOME	SUI	PPORT - DISABLED		AID CODE					
							M				
184 ELIGIBLES	USERS (JNITS OF SERVICE		EXPENDITURES			UNITS/DAY	_	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	50	12,133	\$	11,722.61	\$.97	65.940	\$		\$	63.71
DURABLE MED. EQUIP.	5	13		6,498.24		499.86	.071		1299.65		35.32

					MON	ITHLY AVERA	GE
184 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	50	12,133 \$	11,722.61	\$.97	65.940 \$	234.45	\$ 63.71
DURABLE MED. EQUIP.	5	13	6,498.24	499.86	.071	1299.65	35.32
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	43	256.26	5.96	.234	256.26	1.39
AMBULANCES/AIR TRANS	1	43	256.26	5.96	.234	256.26	1.39
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	12	139.94	11.66	.065	27.99	.76
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	9	109.10	12.12	.049	54.55	.59
PROSTHETICS	2	9	109.10	12.12	.049	54.55	.59
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	40	12,056	4,719.07	.39	65.522	117.98	25.65
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	94	2,786	\$ 19,152.59	\$ 6.87	15.141 \$	203.75 \$	104.09

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,149 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

R49 ELIGIBLES	PADERA COUNTI	SOPPART OF SERV	TODO FOR IN HOPE	3 5011	ONI IOIAL			MO	тис	HIY AVERA	GE.	
CORDITION CORD	849 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVE	RAGE COST					
## PROPERTY OF THE PROPERTY OF	*** ======											
PRINTSICIANS SERVICES	@TOTAL, ALL PROVIDERS	896			579,731.37				\$	647.02	\$	682.84
OFFICE VISITS 9 13 469.50 36.12 0.15 52.77 5.55 HOME VISITS 9 13 469.50 36.12 0.15 52.77 5.55 HOME VISITS 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .		193					19.73					12.97
OFFICE VISITS		10				·					·	
HOME VISITS		9	13									
MERCRINCY ROOM		0	0									
PREVENTIVE CARE 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		1	ĺ									
OB VISITS/COMPRE PERI		0										.00
OTHER OUTPATIENT O		0										
INPATIENT VISITES		0										
HOSPITAL VISITS		0										
CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									
SNF/ICF/TRANS IP CARE		0										
OPTHAIMOLOGICAL SERVICES		0	0									
EXAMINATIONS 4 5 197.67 39.53 .0.06 49.42 .23 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		4	5									
SERVICES AND MATERIALS 0		4	5									
INPATIENT HOSPITAL SURGERY 0		0	0									
PRINCIPAL SURGEON		0	0									
ASSISTANT SURGEON ANESTHESIOLOGIST O OUTPATIENT SURGERY 3 9 2,953.12 328.12 .011 984.37 3.88 PRINCIPAL SURGEON 2 3 2,568.87 856.29 .004 1284.44 3.03 ASSISTANT SURGEON 1 1 1 238.27 238.27 .001 238.27 .28 ANESTHESIOLOGIST 1 1 238.27 238.27 .001 238.27 .28 ANESTHESIOLOGIST 1 1 225.04 225.04 .006 145.98 .17 PATHOLOGY 7 32 215.49 6.73 .038 30.78 .25 RADIOLOGY 1 1 1 225.04 225.04 .27 RADIOLOGY 1 1 1 21.60 21.60 .001 21.60 .03 PSYCHIATRY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0									
AMESCHESIOLOGIST 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0										
OUTPATIENT SURGERY 3 9 2,953.12 328.12 .011 984.37 3.48 PRINCIPAL SURGEON 2 3 2,568.87 856.29 .004 1284.44 3.03 ASSISTANT SURGEON 1 1 1 238.27 .228 ANESTHESIOLOGIST 1 1 5 238.27 .001 238.27 .228 ANESTHESIOLOGIST 1 1 5 145.98 29.20 .006 145.98 .17 DIALYSIS 1 1 1 225.04 225.04 .001 225.04 .27 PATHOLOGY 7 32 215.49 6.73 .038 30.78 .25 RADIOLOGY 1 1 1 21.60 21.60 .001 21.60 .03 PSYCHIATRY 0 0 0 .00 .00 .00 .000 .000 .000 .000		0	0									
PRINCIPAL SURGEON 2 3 2,568.87 856.29 .004 1284.44 3.03 ASSISTANT SURGEON 1 1 1 238.27 238.27 .001 238.27 .28 AMESTHESIOLOGIST 1 5 145.98 29.20 .006 145.98 .17 DIALYSIS 1 1 225.04 225.04 .001 225.04 .27 PATHOLOGY 7 32 215.49 6.73 .038 30.78 .25 RADIOLOGY 1 1 1 21.60 .21.60 .001 .25.60 .25 .26 .25 .26 .27 .28 .25 .28 .25 .24 .001 .25 .001 .25 .26 .25 .24 .20 .20 .00		3	9									
ASSISTANT SURGEON 1 1 1 238.27 238.27 .001 238.27 .28 ANESTHESICLOGIST 1 5 145.98 29.20 .006 145.98 .17 DIALYSIS 1 1 1 225.04 225.04 .001 225.04 .27 PATHOLOGY 7 32 215.49 6.73 .038 30.78 .25 RADIOLOGY 1 1 1 21.60 21.60 .001 21.60 .03 PSYCHIATRY 0 0 0 .00 .00 .000 .000 .000 .00 IMMUNIZATION AND INJECTION 1 1 7.65 7.65 7.65 .001 7.65 .01 CHER SERVICES/ALL X-OVERS 180 495 6,850.60 13.84 .583 38.06 8.07 PRESCRIPTION DRUGS 723 3,985 314,694.68 78.97 2.343 \$437.00 \$390.94 PRESCRIPTION DRUGS 723 3,985 314,694.68 78.97 4.694 435.26 370.67 SNF/ICF 19 112 6,192.02 55.29 .132 325.90 7.29 OUTPATIENTS 710 3,873 308,502.66 79.65 4.562 434.51 363.37 MEDICAL SUPPLIES 208 40,454 17,216.38 .43 47.649 82.77 20.28 @DENTIST 50 240 \$ 9,539.00 \$39.75 .283 \$190.78 \$11.24 ORAL SURGERY 8 32 2,630.00 82.19 .038 328.75 3.10 DRUGS 0 0 0 0 0 0.00 .00 .00 .00 PRISTOROWITCS 13 13 13 1,164.00 89.54 .015 89.54 1.37 ENDODONTICS 2 2 41.00 20.50 .002 20.50 .05 RESTORATIVE DENTISTRY 12 18 1,017.00 56.50 .021 84.55 1.20			3									
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DIALYSIS		1										
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OTHER SERVICES/ALL X-OVERS 180 495 6,850.60 13.84 .583 38.06 8.07 @PHARMACY 759 44,439 \$ 331,911.06 \$ 7.47 52.343 \$ 437.30 \$ 390.94 PRESCRIPTION DRUGS 723 3,985 314,694.68 78.97 4.694 435.26 370.67 SNF/ICF 19 112 6,192.02 55.29 1.32 325.90 7.29 OUTPATIENTS 710 3,873 308,502.66 79.65 4.562 434.51 363.37 MEDICAL SUPPLIES 208 40,454 17,216.38 .43 47.649 82.77 20.28 @DENTIST 50 240 \$ 9,539.00 \$ 39.75 .283 \$ 190.78 \$ 11.24 VISITS - DIAGNOSTIC 36 144 1,462.00 10.15 .170 40.61 1.72 ORAL SURGERY 8 32 2,630.00 82.19 .038 328.75 3.10 DRUGS 0 0 0 .00 .00 .00 .00 .00 ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 .00 PERIODONTICS 13 13 13 1,164.00 89.54 .015 89.54 1.37 ENDODONTICS 2 2 2 41.00 20.50 .002 20.50 .05 RESTORATIVE DENTISTRY 12 18 1,017.00 56.50 .021 84.75 1.20		1										
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PRESCRIPTION DRUGS 723 3,985 314,694.68 78.97 4.694 435.26 370.67 SNF/ICF 19 112 6,192.02 55.29 .132 325.90 7.29 OUTPATIENTS 710 3,873 308,502.66 79.65 4.562 434.51 363.37 MEDICAL SUPPLIES 208 40,454 17,216.38 .43 47.649 82.77 20.28 @DENTIST 50 240 \$ 9,539.00 \$ 39.75 .283 \$ 190.78 \$ 11.24 VISITS - DIAGNOSTIC 36 144 1,462.00 10.15 .170 40.61 1.72 ORAL SURGERY 8 32 2,630.00 82.19 .038 328.75 3.10 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00				Ś		Ś			Ś		Ś	
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OUTPATIENTS 710 3,873 308,502.66 79.65 4.562 434.51 363.37 MEDICAL SUPPLIES 208 40,454 17,216.38 .43 47.649 82.77 20.28 @DENTIST 50 240 \$ 9,539.00 \$ 39.75 .283 \$ 190.78 \$ 11.24 VISITS - DIAGNOSTIC 36 144 1,462.00 10.15 .170 40.61 1.72 ORAL SURGERY 8 32 2,630.00 82.19 .038 328.75 3.10 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 .00 PERIODONTICS 13 13 1,164.00 89.54 .015 89.54 1.37 ENDODONTICS 2 2 41.00 20.50 .002 20.50 .05 RESTORATIVE DENTISTRY 12 18 1,017.00 56.50			-									
MEDICAL SUPPLIES 208 40,454 17,216.38 .43 47.649 82.77 20.28 @DENTIST 50 240 \$ 9,539.00 \$ 39.75 .283 \$ 190.78 \$ 11.24 VISITS - DIAGNOSTIC 36 144 1,462.00 10.15 .170 40.61 1.72 ORAL SURGERY 8 32 2,630.00 82.19 .038 328.75 3.10 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 PERIODONTICS 13 13 1,164.00 89.54 .015 89.54 1.37 ENDODONTICS 2 2 41.00 20.50 .002 20.50 .05 RESTORATIVE DENTISTRY 12 18 1,017.00 56.50 .021 84.75 1.20												
@DENTIST 50 240 \$ 9,539.00 \$ 39.75 .283 \$ 190.78 \$ 11.24 VISITS - DIAGNOSTIC 36 144 1,462.00 10.15 .170 40.61 1.72 ORAL SURGERY 8 32 2,630.00 82.19 .038 328.75 3.10 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 PERIODONTICS 13 13 1,164.00 89.54 .015 89.54 1.37 ENDODONTICS 2 2 41.00 20.50 .002 20.50 .05 RESTORATIVE DENTISTRY 12 18 1,017.00 56.50 .021 84.75 1.20												
VISITS - DIAGNOSTIC 36 144 1,462.00 10.15 .170 40.61 1.72 ORAL SURGERY 8 32 2,630.00 82.19 .038 328.75 3.10 DRUGS 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00				Ś		Ś			Ś		Ś	
ORAL SURGERY 8 32 2,630.00 82.19 .038 328.75 3.10 DRUGS 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .				-		7			4		7	
DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 PERIODONTICS 13 13 1,164.00 89.54 .015 89.54 1.37 ENDODONTICS 2 2 41.00 20.50 .002 20.50 .05 RESTORATIVE DENTISTRY 12 18 1,017.00 56.50 .021 84.75 1.20												
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ENDODONTICS 2 2 41.00 20.50 .002 20.50 .05 RESTORATIVE DENTISTRY 12 18 1,017.00 56.50 .021 84.75 1.20												
RESTORATIVE DENTISTRY 12 18 1,017.00 56.50 .021 84.75 1.20												

DENTURES, STAYPLATES	8	30	3,225.00	107.50	.035	403.13	3.80
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN 2	004 THRU DE	C 2004	PAGE 6,150
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES E	FOR IN HOME S	UPPORT - TOTAL				

			MONTHLY AVERAGE								
849 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	8	23	\$	387.20	\$	16.83	.027	\$	48.40	\$.46
DIAGNOSTIC AND ANC. PROCED	2	2		47.45		23.73	.002		23.73		.06
EYE APPLIANCES	7	20		329.94		16.50	.024		47.13		.39
OTHER OPTOMETRIC SERVICES	1	1		9.81		9.81	.001		9.81		.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	19	30	\$	271.61	\$	9.05	.035	\$	14.30	\$.32
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	19	30		271.61		9.05	.035		14.30		.32
@HOME HEALTH AGENCY	11	40	\$	2,837.88	\$	70.95	.047	\$	257.99	\$	3.34
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	95	229	\$	28,236.90	\$	123.31	.270	\$	297.23	\$	33.26
HOSP INPATIENT TOTAL	24	0		18,270.89		.00	.000		761.29		21.52
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.0	0
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.0	0
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.0	0
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.0	0
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.0	0
ANCILLARIES	0	0		.00	.00	.000	.00	.0	0
INPATIENT CROSSOVERS	24	0		18,270.89	.00	.000	761.29	21.5	2
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.0	0
HOSP OUTPATIENT TOTAL	79	229		9,966.01	43.52	.270	126.15	11.7	4
MEDICAL	3	3		83.31	27.77	.004	27.77	.1	. 0
SURGERY	2	2		298.81	149.41	.002	149.41	.3	, 5
PATHOLOGY	2	4		43.24	10.81	.005	21.62	.0	5
RADIOLOGY	1	1		63.71	63.71	.001	63.71	.0	8
ROOM USE	3	4		287.61	71.90	.005	95.87	.3	, 4
CROSSOVERS/ALL OTH OUTPINT	75	215		9,189.33	42.74	.253	122.52	10.8	.2
@COUNTY HOSPITAL TOTAL	1	1	\$	9.78	\$ 9.78	.001	\$ 9.78	\$.0	1
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.0	0
HSC HOSPITALS	0	0		.00	.00	.000	.00	.0	0
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.0	0
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.0	0
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.0	0
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.0	0
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.0	0
ANCILLARIES	0	0		.00	.00	.000	.00	.0	0
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.0	0
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.0	0
CO HOSP OUTPATIENT TOTAL	1	1		9.78	9.78	.001	9.78	.0	1
MEDICAL	0	0		.00	.00	.000	.00	.0	0
SURGERY	0	0		.00	.00	.000	.00	.0	0
PATHOLOGY	0	0		.00	.00	.000	.00	.0	0
RADIOLOGY	0	0		.00	.00	.000	.00	.0	0
ROOM USE	0	0		.00	.00	.000	.00	.0	0
CROSSOVERS/ALL OTH OUTPINT	1	1		9.78	9.78	.001	9.78	.0	1
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MONT	TH-OF-PAYMENT RE	EPORT FOR JAN	1 2004 THRU	DEC 2004		151
MOP024	FEE-FOR-SERVICE/DENTA							03/14	/05
MADERA COUNTY	SUMMARY OF SERVICES F	OR IN HOME	SUPPOR	RT - TOTAL					

111121111 0001111	OULDER OF OPICE	1020 1011 111 11012 001					
					MON	THLY AVERA	GE
849 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94	228 \$	28,227.12	\$ 123.80	.269 \$	300.29	\$ 33.25
COMM HOSP INPATIENT TOTAL	24	0	18,270.89	.00	.000	761.29	21.52
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	24	0	18,270.89	.00	.000	761.29	21.52
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	78	228	9,956.23	43.67	.269	127.64	11.73
MEDICAL	3	3	83.31	27.77	.004	27.77	.10
SURGERY	2	2	298.81	149.41	.002	149.41	.35
PATHOLOGY	2	4	43.24	10.81	.005	21.62	.05
RADIOLOGY	1	1	63.71	63.71	.001	63.71	.08
ROOM USE	3	4	287.61	71.90	.005	95.87	.34

CROSSOVERS/ALL OTH OUTPTNT	74	214		9,179.55		42.90	.252		124.05		10.81
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	40	765	\$	96,383.95	\$	125.99	.901	\$	2409.60	\$	113.53
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	40	765		96,383.95		125.99	.901		2409.60		113.53
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	26	44	\$	19,054.53	\$	433.06	.052	\$	732.87	\$	22.44
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	26	44		19,054.53		433.06	.052		732.87		22.44
@REHABILITATION FACILITY	2	46	\$	916.02	\$	19.91	.054	\$	458.01	\$	1.08
HOSPITAL BASED	2	46		916.02		19.91	.054		458.01		1.08
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	25	\$	215.06	\$	8.60	.029	\$	43.01	\$.25
PATHOLOGY	5	25		215.06		8.60	.029		43.01		.25
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	125	217	\$	8,281.36	\$	38.16	.256	\$	66.25	\$	9.75
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	125	217		8,281.36		38.16	.256		66.25		9.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT R	EPOR'	T FOR JAN	2004 THRU	DEC	2004	P.	AGE 6,152
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

----- MONTHLY AVERAGE -----849 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE 70,687.78 \$ 1.25 66.721 \$ 247.16 \$ 83.26 OR DAYS OF CARE @ALL OTHER PROVIDERS 286 56,646 \$ 7 13 0 0 7 10 36 16,004 13 6,523.08 501.78 .015 931.87 .00 .00 .000 .00 4,169.11 416.91 .012 595.59 32,269.38 2.02 18.850 896.37 .015 931.87 7.68 DURABLE MED. EQUIP. .00 BLOOD BANK HEARING AID DISPENSERS 4.91 MEDICAL TRANSPORTATION 38.01 5 133 7.45 .157 198.04 AMBULANCES/AIR TRANS 990.20 1.17 31 15,822 OTHER TRANS 31,265.82 1.98 18.636 1008.57 36.83 13.36 .27 .058 OTHER SERVICES 49 6.68 .02 .00 .00 ACUPUNCTURE ADULT DAY HEALTH CARE CTR 0 .00 .00 .00 .00 .00 360.13 .00 0 39 GENETIC DISEASE TESTING 0 .00 208 14,045.00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 OCCUPATIONAL THERAPIST .00 .00 OPTICIAN 11 24 301.20 27.38 .35 .00 .00 PHYSICAL THERAPIST 0 0 0 PORTABLE X-RAY .00 .00 .00 11 120.48 30.12 PROSTHETIST/ORTHOTISTS .14 120.48 10.95 .013 .00 .00 .000 .00 .00 .000 891.69 178.34 .006 30.12 PROSTHETICS .00 0 ORTHOTICS .00 0 .00 PSYCHOLOGIST .00 SPEECH AND AUDIOLOGY 297.23 1.05

SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

MADERA COUNTY

HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	200	40,371	12,367.84	.31	47.551	6	.84	14.57
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	402	10,144	\$ 86,059.07	\$ 8.48	11.948	\$ 21	1.08	\$ 101.37

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,153
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

MADERA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	ISTANCE - AGED		140		3 CD	
16 400 51 5615156			_			MO			
16,429 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
0.00.00.00.00.00.00.00.00.00.00.00.00.0	10 005	OR DAYS OF CAR		5 071 016 00	PER UNIT/DAY		USER	<u>^</u>	ELIGIBLE
@TOTAL, ALL PROVIDERS	12,805	966,532	\$	5,971,016.89	\$ 6.18	58.831			
@PHYSICIANS SERVICES	2,709	7,769	\$	113,759.04	\$ 14.64	.473			6.92
OUTPATIENT VISITS	23	27		992.69	36.77	.002	43.16		.06
OFFICE VISITS	19	23		766.79	33.34	.001	40.36		.05
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	4	4		225.90	56.48	.000	56.48		.01
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	3	12		600.62	50.05	.001	200.21		.04
HOSPITAL VISITS	3	12		600.62	50.05	.001	200.21		.04
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	81	79		1,246.74	15.78	.005	15.39		.08
EXAMINATIONS	81	79		1,246.74	15.78	.005	15.39		.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	6	19		1,766.37	92.97	.001	294.40		.11
PRINCIPAL SURGEON	4	4		1,377.88	344.47	.000	344.47		.08
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	3	15		388.49	25.90	.001	129.50		.02
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	6	23		175.07	7.61	.001	29.18		.01
RADIOLOGY	12	14		359.57	25.68	.001	29.96		.02
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2	41		522.38	12.74	.002	261.19		.03
OTHER SERVICES/ALL X-OVERS	2,621	7 , 554		108,095.60	14.31	.460	41.24		6.58
@PHARMACY	10,945	574 , 429	\$		\$ 6.35	34.964			222.16
PRESCRIPTION DRUGS	10,674	44,473		3,484,949.98	78.36	2.707	326.49		212.12
SNF/ICF	284	1,806		110,147.93	60.99	.110	387.84		6.70
OUTPATIENTS	10,422	42 , 667		3,374,802.05	79.10	2.597	323.82		205.42
MEDICAL SUPPLIES	1,974	529 , 956		164,839.87	.31	32.257	83.51		10.03
@DENTIST	764	3,289	\$		\$ 40.52	.200	•		8.11
VISITS - DIAGNOSTIC	473	2,042		19,624.50	9.61	.124	41.49		1.19
ORAL SURGERY	141	295		16,674.00	56.52	.018	118.26		1.01

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	104	108		10,027.00	92.84	.007	96.41		.61
ENDODONTICS ENDODONTICS	33	55		10,701.00	194.56	.003	324.27		.65
	144			-	74.15	.018	155.51		1.36
RESTORATIVE DENTISTRY	10	302 10		22,394.00					
PROSTHETICS				230.00	23.00	.001	23.00		.01
DENTURES, STAYPLATES	191 0	468		53,609.92	114.55	.028	280.68		3.26
SPACE MAINTAINERS	•	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	12	9		.00	.00	.001	.00		.00
			RES M	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	P.	AGE 6,154
	FEE-FOR-SERVICE								03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	ISTANCE - AGED					
						MON			
16,429 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	241	566	\$	11,300.27	\$ 19.97	.034 \$		\$.69
DIAGNOSTIC AND ANC. PROCED	55	60		1,849.49	30.82	.004	33.63		.11
EYE APPLIANCES	148	399		6,974.72	17.48	.024	47.13		.42
OTHER OPTOMETRIC SERVICES	74	107		2,476.06	23.14	.007	33.46		.15
@CHIROPRACTOR	25	41	\$	564.79	\$ 13.78	.002 \$		\$.03
VISITS	3	7		117.04	16.72	.000	39.01		.01
OTHER SERVICES	22	34		447.75	13.17	.002	20.35		.03
@PODIATRIST	182	265	\$	2,369.59	\$ 8.94	.016 \$	13.02	\$.14
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	182	265		2,369.59	8.94	.016	13.02		.14
@HOME HEALTH AGENCY	3	11	Ś	644.45	\$ 58.59	.001 \$		\$.04
NURSE ANESTHESIST	8	17	Ś	128.72	\$ 7.57	.001 \$		\$.01
NURSE MIDWIFE	0	0	Ś	.00	\$.00	.000 \$		Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00
@TOTAL HOSPITAL	994	3,634	Ś	537,982.23	\$ 148.04	.221 \$		Š	32.75
HOSP INPATIENT TOTAL	182	299	Ψ.	449,638.93	1503.81	.018	2470.54	Τ	27.37
HSC HOSPITALS	20	154		147,351.33	956.83	.009	7367.57		8.97
NON-HSC HOSPITAL TOTAL	24	145		187,439.53	1292.69	.009	7809.98		11.41
ACCOMMODATIONS	24	145		55,022.64	379.47	.009	2292.61		3.35
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	24	145		55,022.64	379.47	.009	2292.61		3.35
	24	0		-	.00				8.06
ANCILLARIES	139	0		132,416.89 114,848.07	.00	.000	5517.37 826.25		8.06 6.99
INPATIENT CROSSOVERS	139	0		•					
ALL OTHER INPATIENT	•	•		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	856	3,335		88,343.30	26.49	.203	103.20		5.38
MEDICAL	2	1		30.52	30.52	.000	15.26		.00
SURGERY	2	3		422.25	140.75	.000	211.13		.03
PATHOLOGY	5	20		197.55	9.88	.001	39.51		.01
RADIOLOGY	7	9		513.94	57.10	.001	73.42		.03

4

849

13

2

1

3

51

5

3,299

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

ROOM USE

121.82

87,057.22

6,660.49 5,690.80

5,109.94

40.61

26.39

130.60

1138.16

1021.99

.000

.201

.000

.000

.003 \$

.01

.41

.35

.31

5.30

30.46

512.35 \$

102.54

2845.40 5109.94

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	580.86	.00	.000	580.86	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12	46	969.69	21.08	.003	80.81	.06
MEDICAL	1	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	46	969.69	21.08	.003	88.15	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,155
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC ASSI	STANCE - AGED				
					MON'	THLY AVERA	GE
16,429 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		THLY AVERA COST PER	GE COST PER
16,429 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	UNITS/DAYS PER ELIG		COST PER ELIGIBLE
16,429 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 983		EXPENDITURES 531,321.74		UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
,		OR DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS PER ELIG .218 \$	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	983 180 19	OR DAYS OF CARE 3,583 \$ 294 149	531,321.74 443,948.13 142,241.39	PER UNIT/DAY \$ 148.29 1510.03 954.64	UNITS/DAYS PER ELIG .218 \$.018 .009	COST PER USER 540.51 2466.38 7486.39	COST PER ELIGIBLE \$ 32.34 27.02 8.66
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	983 180	OR DAYS OF CARE 3,583 \$ 294	531,321.74 443,948.13	PER UNIT/DAY \$ 148.29 1510.03	UNITS/DAYS PER ELIG .218 \$.018	COST PER USER 540.51 2466.38	COST PER ELIGIBLE \$ 32.34 27.02
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	983 180 19	OR DAYS OF CARE 3,583 \$ 294 149	531,321.74 443,948.13 142,241.39	PER UNIT/DAY \$ 148.29 1510.03 954.64	UNITS/DAYS PER ELIG .218 \$.018 .009	COST PER USER 540.51 2466.38 7486.39	COST PER ELIGIBLE \$ 32.34 27.02 8.66
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	983 180 19 24	OR DAYS OF CARE 3,583 \$ 294 149 145	531,321.74 443,948.13 142,241.39 187,439.53	PER UNIT/DAY \$ 148.29 1510.03 954.64 1292.69	UNITS/DAYS PER ELIG .218 \$.018 .009 .009	COST PER USER 540.51 2466.38 7486.39 7809.98	COST PER ELIGIBLE \$ 32.34 27.02 8.66 11.41
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	983 180 19 24	OR DAYS OF CARE 3,583 \$ 294 149 145 145	531,321.74 443,948.13 142,241.39 187,439.53 55,022.64	PER UNIT/DAY \$ 148.29 1510.03 954.64 1292.69 379.47	UNITS/DAYS PER ELIG .218 \$.018 .009 .009	COST PER USER 540.51 2466.38 7486.39 7809.98 2292.61	COST PER ELIGIBLE \$ 32.34 27.02 8.66 11.41 3.35
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	983 180 19 24	OR DAYS OF CARE 3,583 \$ 294 149 145 145	531,321.74 443,948.13 142,241.39 187,439.53 55,022.64	PER UNIT/DAY \$ 148.29 1510.03 954.64 1292.69 379.47 .00	UNITS/DAYS PER ELIG .218 \$.018 .009 .009 .009	COST PER USER 540.51 2466.38 7486.39 7809.98 2292.61 .00	COST PER ELIGIBLE \$ 32.34 27.02 8.66 11.41 3.35 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	983 180 19 24 24 0	OR DAYS OF CARE 3,583 \$ 294 149 145 145 0	531,321.74 443,948.13 142,241.39 187,439.53 55,022.64 .00	PER UNIT/DAY \$ 148.29 1510.03 954.64 1292.69 379.47 .00 .00	UNITS/DAYS PER ELIG .218 \$.018 .009 .009 .009 .009	COST PER USER 540.51 2466.38 7486.39 7809.98 2292.61 .00	COST PER ELIGIBLE \$ 32.34 27.02 8.66 11.41 3.35 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	983 180 19 24 24 0 0	OR DAYS OF CARE 3,583 \$ 294 149 145 145 0	531,321.74 443,948.13 142,241.39 187,439.53 55,022.64 .00 .00 55,022.64	PER UNIT/DAY \$ 148.29 1510.03 954.64 1292.69 379.47 .00 .00 379.47	UNITS/DAYS PER ELIG .218 \$.018 .009 .009 .009 .000 .000	COST PER USER 540.51 2466.38 7486.39 7809.98 2292.61 .00 .00 2292.61	COST PER ELIGIBLE \$ 32.34 27.02 8.66 11.41 3.35 .00 .00 3.35
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	983 180 19 24 24 0 0 24 24	OR DAYS OF CARE 3,583 \$ 294 149 145 145 0	531,321.74 443,948.13 142,241.39 187,439.53 55,022.64 .00 .00 55,022.64 132,416.89	PER UNIT/DAY \$ 148.29 1510.03 954.64 1292.69 379.47 .00 .00 379.47 .00	UNITS/DAYS PER ELIG .218 \$.018 .009 .009 .009 .000 .000 .000	COST PER USER 540.51 2466.38 7486.39 7809.98 2292.61 .00 .00 2292.61 5517.37	COST PER ELIGIBLE \$ 32.34 27.02 8.66 11.41 3.35 .00 .00 3.35 8.06

COMM HOSP OUTPATIENT TOTAL	846	3,289		87,373.61		26.57	.200		103.28		5.32
MEDICAL	1	1		30.52		30.52	.000		30.52		.00
SURGERY	2	3		422.25		140.75	.000		211.13		.03
PATHOLOGY	4	20		197.55		9.88	.001		49.39		.01
RADIOLOGY	7	9		513.94		57.10	.001		73.42		.03
ROOM USE	3	3		121.82		40.61	.000		40.61		.01
CROSSOVERS/ALL OTH OUTPTNT	840	3,253		86,087.53		26.46	.198		102.49		5.24
@STATE HOSPITAL	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	321	7,211	\$	1,059,184.05	\$	146.88	.439	\$	3299.64	\$	64.47
LEV A-INTERMEDIATE	0	. 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	321	7,211		1,059,184.05		146.88	.439		3299.64		64.47
@INTERMEDIATE CARE FACILDD	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	83	104	\$	39,231.94	\$	377.23	.006	\$	472.67	\$	2.39
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	83	104		39,231.94		377.23	.006		472.67		2.39
@REHABILITATION FACILITY	1	1	\$	31.07	\$	31.07	.000	\$	31.07	\$.00
HOSPITAL BASED	1	1		31.07		31.07	.000		31.07		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	27	72	\$	661.48	\$	9.19	.004	\$	24.50	\$.04
PATHOLOGY	19	63		552.70		8.77	.004		29.09		.03
XO AND OTHERS	8	9		108.78		12.09	.001		13.60		.01
@ORGANIZED OUTPATIENT CLINIC	2,053	3,153	\$	128,525.46	\$	40.76	.192	\$	62.60	\$	7.82
CLINIC	0	. 0		.00		.00	.000		.00		.00
SURGICENTER	26	28		2,625.45		93.77	.002		100.98		.16
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,029	3,125		125,900.01		40.29	.190		62.05		7.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES		EPORI	FOR JAN 200		DEC	2004	PA	GE 6,156
MOP024	FEE-FOR-SERVICE/DENT	'AL									03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASS	SISTANCE - AGED							
							M	IONT	HLY AVERA	GE -	
							,				

					140	אווווא ע אווווא	G Li	
16,429 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	ζ
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	3
@ALL OTHER PROVIDERS	2,155	365 , 970	\$ 293,583.53	\$.80	22.276	\$ 136.23	\$ 17.87	1
DURABLE MED. EQUIP.	26	69	10,071.98	145.97	.004	387.38	.61	L
BLOOD BANK	0	0	.00	.00	.000	.00	.00)
HEARING AID DISPENSERS	61	89	25 , 791.76	289.80	.005	422.82	1.57	1
MEDICAL TRANSPORTATION	172	27 , 893	73,880.82	2.65	1.698	429.54	4.50)
AMBULANCES/AIR TRANS	46	710	7,877.40	11.09	.043	171.25	.48	3
OTHER TRANS	123	26 , 894	65 , 660.08	2.44	1.637	533.82	4.00)
OTHER SERVICES	16	289	343.34	1.19	.018	21.46	.02)
ACUPUNCTURE	1	6	108.13	18.02	.000	108.13	.01	L
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00)
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00)
IHMC, MODEL-NF, NF, AIDS, MSSP	193	789	68,811.17	87.21	.048	356.53	4.19)
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00)
OPTICIAN	336	784	9,394.72	11.98	.048	27.96	.57	1
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00)

PORTABLE X-RAY	7	9	9.97	1.11	.001	1	.42	.00
PROSTHETIST/ORTHOTISTS	7	9	261.95	29.11	.001	37	.42	.02
PROSTHETICS	7	9	261.95	29.11	.001	37	.42	.02
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	71	130	26,694.62	205.34	.008	375	.98	1.62
HOSPICE SERVICES	2	30	3,331.62	111.05	.002	1665	.81	.20
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	1,446	336,162	75 , 226.79	.22	20.462	52	.02	4.58
@CALIF. CHILDREN SERVICES*	1	1	\$ 25.00	\$ 25.00	.000	\$ 25	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4,837	59 , 540	\$ 603,665.04	\$ 10.14	3.624	\$ 124	.80	\$ 36.74

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,157
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

----- MONTHLY AVERAGE -----1,294 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 1,105 100,318 \$ 1,265,587.58 \$ 12.62 77.526 \$ 1145.33 \$ 978.04 411 35.17 1.338 \$ 148.12 \$ @PHYSICIANS SERVICES 1,731 60,877.80 \$ 169 279 10,150.59 36.38 .216 60.06 OUTPATIENT VISITS 113 4,568.62 27.86 40.43 OFFICE VISITS 164 .127 3.53 0 .00 HOME VISITS 0 .00 .00 .000 .00 .00 .00 .000 .000 .000

3,611.12 72.22 .039 90.28
.00 .00 .000 .000
636.73 21.96 .022 212.24
1,334.12 37.06 .028 51.31
11,885.21 43.22 .213 312.77
8,653.71 45.07 .148 298.40
.00 .00 .000 .000
3,231.50 38.93 .064 359.06
784.10 37.34 .016 41.27
784.10 37.34 .016 41.27
.00 .00 .000 .000
10,823.90 101.16 .083 541.20
8.113.13 270.44 .023 540.88 40 50 0 0 3 29 26 36 38 275 29 192 EMERGENCY ROOM 2.79 0 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS 0 0 0 9 83 19 21 19 21 0 0 CRITICAL CARE .00 SNF/ICF/TRANS IP CARE 2.50 OPHTHALMOLOGICAL SERVICES .61 EXAMINATIONS .61 SERVICES AND MATERIALS .00 107 30 2 INPATIENT HOSPITAL SURGERY 15 2 8 15 8,113.13 270.44 561.03 280.52 2,149.74 28.66 4,186.15 199.34 3,923.61 280.26 PRINCIPAL SURGEON .023 540.88 6.27 ASSISTANT SURGEON .002 280.52 .43 75 280.32 .002 28.66 .058 199.34 .016 280.26 .011 .00 .000 37.51 .005 57.91 .010 268.72 ANESTHESIOLOGIST 21 OUTPATIENT SURGERY 279.08 14 301.82 PRINCIPAL SURGEON 3.03 0 0 .00 .00 ASSISTANT SURGEON 262.54 752.84 2 131.27 188.21 7 ANESTHESIOLOGIST .20 13 DIALYSIS 33 792.24 5.83 24.01 PATHOLOGY 136 .105 .61 89 199 7,382.70 37.10 82.95 RADIOLOGY .154 5.71 0 .00 0 .00 .00 .000 .00 PSYCHIATRY 13 11 299.97 23.07 .010 27.27 IMMUNIZATION AND INJECTION 228 13,820.10 20.72 OTHER SERVICES/ALL X-OVERS 667 .515 60.61 10.68 930 60,068 461,341.73 \$ 7.68 46.420 \$ 496.07 \$ @PHARMACY 356.52 3.182 PRESCRIPTION DRUGS 902 4,118 433,775.74 105.34 480.90 335.22

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

867 240	3,867 55,950		412,236.18		106.60	2.988	475.	47	318.	5.0
	55,950					,,,,	- · · ·	± /	0 = 0 •	J 0
0.2			27 , 565.99		.49	43.238	114.	86	21.	30
83	414	\$	12,403.50	\$	29.96	.320	\$ 149.	44	\$ 9.	59
63	291		3,065.50		10.53	.225	48.	66	2.	37
14	48		3,088.00		64.33	.037	220.	57	2.	39
0	0		.00		.00	.000		00	. (00
2	2		200.00		100.00	.002	100.	00		15
10	11		983.00		89.36	.009	98.	30		76
0	0		.00		.00	.000		00	_ (00
14	34		2,360.00		69.41	.026	168.	57	1.	82
1	1		30.00		30.00	.001	30.	00	_ (02
8	25		2,527.00		101.08	.019	315.	88	1.	95
0	0		.00		.00	.000		00	_ (00
1	2		150.00		75.00	.002	150.	00	•	12
0	0		.00		.00	.000		00	. (00
0	0		.00		.00	.000		00	_ (00
0	0		.00		.00	.000		00	. (00
MEDI-CAL SERVICES AND H	EXPENDITUR	RES MONTH	-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC 2004		PAGE 6	,158
FEE-FOR-SERVICE/DENTAL									03/1	4/05
SUMMARY OF SERVICES FOR	R PUBLIC	ASSISTAN	CE - BLIND							
	14 0 2 10 0 14 1 8 0 1 0 0 0 0 0 0 MEDI-CAL SERVICES AND I	83 414 63 291 14 48 0 0 0 2 2 2 10 11 0 0 0 14 34 1 1 1 8 25 0 0 0 1 2 2 0 0 0 0 0 0 0 MEDI-CAL SERVICES AND EXPENDITURE FEE-FOR-SERVICE/DENTAL	83 414 \$ 63 291 14 48 0 0 0 2 2 2 10 11 0 0 0 14 34 1 1 1 8 25 0 0 0 1 2 2 0 0 0 0 0 0 0 MEDI-CAL SERVICES AND EXPENDITURES MONTH FEE-FOR-SERVICE/DENTAL	83 414 \$ 12,403.50 63 291 3,065.50 14 48 3,088.00 0 0 0 .00 2 2 2 2 200.00 10 11 983.00 0 0 .00 14 34 2,360.00 1 1 1 30.00 8 25 2,527.00 0 0 0 .00 1 2 2 150.00 0 0 0 .00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	83 414 \$ 12,403.50 \$ 63 291 3,065.50 14 48 3,088.00 0 0 0 .00 2 2 2 2 200.00 10 11 983.00 0 0 .00 14 34 2,360.00 1 1 3 30.00 2 5 2,527.00 0 0 0 .00 1 2 2 150.00 0 0 0 .00 0 0 0 .00 0 0 0 0 .00 0 0 0 0	83 414 \$ 12,403.50 \$ 29.96 63 291 3,065.50 10.53 14 48 3,088.00 64.33 0 0 0 .00 .00 2 2 2 2 200.00 100.00 10 11 983.00 89.36 0 0 0 .00 .00 14 34 2,360.00 69.41 1 1 30.00 30.00 8 25 2,527.00 101.08 0 0 0 .00 .00 1 2 150.00 75.00 0 0 0 .00 0 0 0 .00 0 0 0 0 0 0 0 0 0 0	83 414 \$ 12,403.50 \$ 29.96 .320 63 291 3,065.50 10.53 .225 14 48 3,088.00 64.33 .037 0 0 0 .00 .00 .00 .000 2 2 2 2 200.00 100.00 .002 10 11 983.00 89.36 .009 0 0 .00 .00 .00 .000 14 34 2,360.00 69.41 .026 1 1 3 30.00 30.00 .001 8 25 2,527.00 101.08 .019 0 0 0 .00 .00 .000 14 22 150.00 75.00 .000 1 2 150.00 75.00 .000 0 0 0 .00 .000 0 0 0 .00 .000 0 0 0 .00 .0	83	83	83

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----- MONTHLY AVERAGE -----1,294 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 16 41 \$ 957.43 \$ 23.35 .032 \$ 59.84 \$.74 1 1 12 10

 369.58
 36.96
 .008

 570.94
 19.69
 .022

 16.91
 8.46
 .002

 367.84
 \$ 16.72
 .017

 8 369.58 36.96 46.20 DIAGNOSTIC AND ANC. PROCED 29 2 22 \$ 22 \$ 22 0 26 \$ 51.90 EYE APPLIANCES OTHER OPTOMETRIC SERVICES 1 16.91 @CHIROPRACTOR 30.65 \$ 367.84 16.72 .00 .00 328.33 \$ 12.63 144.00 24.00 .00 .00 367.84 12 16.72 30.65 VISITS .017 .00 OTHER SERVICES .000 .00 .020 \$ 14.28 \$ @PODIATRIST 6 0 0 24.00 MEDICINE/INJECTIONS .005 .11 .00 SURGERY/ANES. .000 .00 RADIO./PATHOLOGY 0 20 183 \$.000 17 OTHER 184.33 9.22 .015 10.84 .14 @HOME HEALTH AGENCY 5.05 0 \$ NURSE ANESTHESIST .00 NURSE MIDWIFE 0 \$ PEDIATRIC NURSE PRACTITIONER 0 FAMILY NURSE PRACTITIONER 179 1,041 @TOTAL HOSPITAL .804 \$ 1916.20 \$ 265.07 37 HOSP INPATIENT TOTAL 236 242.56 19 177 HSC HOSPITALS 59 NON-HSC HOSPITAL TOTAL 10 57.08 1.0 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 10 10 8 0 0 59 0 0 0 805 0 TRANSITIONAL IP CARE .00 ALL OTHER ACCOM 14.82 42.26 ANCILLARIES 0 0 5.15 INPATIENT CROSSOVERS .00 ALL OTHER INPATIENT 22.50 HOSP OUTPATIENT TOTAL 27 50 MEDICAL 1.51 12 14 SURGERY 1.60 PATHOLOGY

RADIOLOGY	44	70	7,940.53	113	.44 .05	4 18	30.47	(6.14
ROOM USE	59	107	4,429.82	41	.40 .08	3 7	75.08	;	3.42
CROSSOVERS/ALL OTH OUTPINT	93	323	9,556.12	29	.59 .25	0 10	2.75	,	7.38
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00 .00	0 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00 .00	0	.00		.00
HSC HOSPITALS	0	0	.00		.00 .00	0	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00 .00	0	.00		.00
ACCOMMODATIONS	0	0	.00		.00 .00	0	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00 .00	0	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00 .00	0	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	0	.00		.00
ANCILLARIES	0	0	.00		.00 .00	0	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	0	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00 .00	0	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00 .00	0	.00		.00
MEDICAL	0	0	.00		.00	0	.00		.00
SURGERY	0	0	.00		.00	0	.00		.00
PATHOLOGY	0	0	.00		.00	0	.00		.00
RADIOLOGY	0	0	.00		.00	0	.00		.00
ROOM USE	0	0	.00		.00	0	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	0	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT I	REPORT FOR	. JAN 2004 THR	U DEC 200)4	PAGE	6,159
MOP024	FEE-FOR-SERVICE/DENTAL							03,	/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS	SSISTANCE - BLIND						
						MONTHLY	AVERAG	E	

----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 1,294 ELIGIBLES UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 179 1,041 \$ 342,998.98 \$ 329.49 .804 \$ 1916.20 \$ 265.07 @COMMUNITY HOSPITAL TOTAL 37 236 COMM HOSP INPATIENT TOTAL 177 HSC HOSPITALS 19 180.34 10 59 NON-HSC HOSPITALS TOTAL 57.08 59 ACCOMMODATIONS 10 14.82 0 ADMINISTRATIVE DAYS 0 .00 0 0 TRANSITIONAL IP CARE .00 59 10 ALL OTHER ACCOM 14.82 ANCILLARIES 10 0 42.26 8 0 INPATIENT CROSSOVERS 5.15 ALL OTHER INPATIENT 0 0 805 COMM HOSP OUTPATIENT TOTAL 156 22.50 50 MEDICAL 27 1.51 12 14 SURGERY PATHOLOGY 40 241 2.45 RADIOLOGY 70 6.14 59 107 323 CROSSOVERS/ALL OTH OUTPINT 93 7.38 @STATE HOSPITAL Ω 0 .00 \$.00 .000 \$.00 \$.00 0 0 .00 .00 .000 .00 MENTALLY ILL 0 0 DEVELOP. DISABLED .00 .000 .00 .00 907 204,072.86 \$ 225.00 .701 \$ 7037.00 \$ @NURSING FACILITY 157.71 .00 0 .00 .00 LEV A-INTERMEDIATE .000 0 LEV B-REHAB MD .00 .00 .000 .00 .00 146 50,315.67 344.63 8385.95 LEV B-SUBACUTE FREESTANDING .113 38.88 130 67,524.32 519.42 .100 16881.08 LEV B-SUBACUTE HSPTL BASED 0 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 19 631 86,232.87 LEV B-REGULAR 136.66 .488 4538.57 66.64 .202 \$ 5585.45 \$ @INTERMEDIATE CARE FACIL.-DD 262 44,683.61 \$ 170.55 34.53

ICF DDH	8	262		44,683.61		170.55	.202		5585.45		34.53
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	79	192	\$	39,116.76	\$	203.73	.148	\$	495.15	\$	30.23
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	79	192		39,116.76		203.73	.148		495.15		30.23
@REHABILITATION FACILITY	3	9	\$	174.08	\$	19.34	.007	\$	58.03	\$.13
HOSPITAL BASED	1	1		97.29		97.29	.001		97.29		.08
INDEPENDENT FACILITY	2	8		76.79		9.60	.006		38.40		.06
@LABORATORY FACILITY	80	373	\$	3,875.04	\$	10.39	.288	\$	48.44	\$	2.99
PATHOLOGY	79	367		3,864.08		10.53	.284		48.91		2.99
XO AND OTHERS	1	6		10.96		1.83	.005		10.96		.01
@ORGANIZED OUTPATIENT CLINIC	222	375	\$	34,616.71	\$	92.31	.290	\$	155.93	\$	26.75
CLINIC	1	5		510.66		102.13	.004		510.66		.39
SURGICENTER	4	11		424.75		38.61	.009		106.19		.33
HEROIN DETOX CLINIC	1	6		87.60		14.60	.005		87.60		.07
RURAL HEALTH CLINIC	218	353		33 , 593.70		95.17	.273		154.10		25.96
#CALIF DEPT OF HEALTH SERV			RES 1	MONTH-OF-PAYMENT R	EPOR.	T FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 6,160
MOP024	FEE-FOR-SERVICE	•									03/14/05
MADERA COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASS:	ISTANCE - BLIND							
							M				
1,294 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE	3			R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	237	34 , 674	\$	53,235.20	\$		26.796	\$		\$	41.14
DURABLE MED. EQUIP.	15	27		5,902.84		218.62	.021		393.52		4.56
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	75	5,488		25,715.39		4.69	4.241		342.87		19.87
AMBULANCES/AIR TRANS	28	586		5,736.31		9.79	.453		204.87		4.43
OTHER TRANS	46	4,881		19,943.30		4.09	3.772		433.55		15.41
OTHER SERVICES	1	21		35.78		1.70	.016		35.78		.03
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	18	47	5,599.06	119.13	.036	311.06	4.33
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	33	80	1,124.72	14.06	.062	34.08	.87
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	2	404.37	202.19	.002	.00	.31
PROSTHETICS	0	2	404.37	202.19	.002	.00	.31
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	166.69	41.67	.003	83.35	.13
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	19	1,704	8,064.96	4.73	1.317	424.47	6.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	101	27 , 322	6,257.17	.23	21.114	61.95	4.84
@CALIF. CHILDREN SERVICES*	38	1,946	\$ 120,882.42	\$ 62.12	1.504	\$ 3181.12	\$ 93.42
@XOVER EXCLUDING STATE HOSP**	257	1,160	\$ 65,255.04	\$ 56.25	.896	\$ 253.91	\$ 50.43

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,161
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					MON	THLY AVERA	GE
42,386 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	35 , 973	2,583,026 \$	28,805,138.31	\$ 11.15	60.941 \$	800.74	\$ 679.59
@PHYSICIANS SERVICES	11,796	54,376 \$	1,806,376.97	\$ 33.22	1.283 \$	153.13	\$ 42.62
OUTPATIENT VISITS	5 , 868	9,370	352,306.21	37.60	.221	60.04	8.31
OFFICE VISITS	4,156	6 , 323	192,630.45	30.47	.149	46.35	4.54
HOME VISITS	45	75	2,815.98	37.55	.002	62.58	.07
EMERGENCY ROOM	1,336	1,828	116,116.79	63.52	.043	86.91	2.74
PREVENTIVE CARE	13	13	570.58	43.89	.000	43.89	.01
OB VISITS/COMPRE PERI	28	182	5,202.62	28.59	.004	185.81	.12
OTHER OUTPATIENT	709	949	34,969.79	36.85	.022	49.32	.83
INPATIENT VISITS	905	4,802	284,398.48	59.23	.113	314.25	6.71
HOSPITAL VISITS	696	3 , 958	188,976.55	47.75	.093	271.52	4.46
CRITICAL CARE	88	557	86,390.31	155.10	.013	981.71	2.04
SNF/ICF/TRANS IP CARE	193	287	9,031.62	31.47	.007	46.80	.21
OPHTHALMOLOGICAL SERVICES	355	422	16,005.60	37.93	.010	45.09	.38
EXAMINATIONS	353	420	15,950.31	37.98	.010	45.19	.38
SERVICES AND MATERIALS	2	2	55.29	27.65	.000	27.65	.00
INPATIENT HOSPITAL SURGERY	308	1,863	164,234.87	88.16	.044	533.23	3.87
PRINCIPAL SURGEON	230	365	130,732.88	358.17	.009	568.40	3.08
ASSISTANT SURGEON	25	27	5,480.87	203.00	.001	219.23	.13
ANESTHESIOLOGIST	101	1,471	28,021.12	19.05	.035	277.44	.66
OUTPATIENT SURGERY	694	1,582	145,422.01	91.92	.037	209.54	3.43
PRINCIPAL SURGEON	573	704	125,568.80	178.36	.017	219.14	2.96
ASSISTANT SURGEON	9	18	946.90	52.61	.000	105.21	.02
ANESTHESIOLOGIST	151	860	18,906.31	21.98	.020	125.21	.45
DIALYSIS	48	278	14,471.33	52.06	.007	301.49	.34
PATHOLOGY	1,356	3,402	43,924.93	12.91	.080	32.39	1.04

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	2,607	5,299		184,151.93		34.75	.125		70.64		4.34
PSYCHIATRY	3	3,299		189.90		63.30	.000		63.30		.00
IMMUNIZATION AND INJECTION	402	9,315		282,604.14		30.34	.220		703.00		6.67
OTHER SERVICES/ALL X-OVERS	5,252	18,040		318,667.57		17.66	.426		60.68		7.52
@PHARMACY	28,716	1,194,813	Ś	•	Ś	10.47	28.189	Ġ	435.68	Ś	295.17
PRESCRIPTION DRUGS	27,994	131,159	Y	11,912,342.01	Y	90.82	3.094	٧	425.53	Y	281.04
SNF/ICF	781	5,418		479,169.75		88.44	.128		613.53		11.30
OUTPATIENTS	27,323	125,741		11,433,172.26		90.93	2.967		418.44		269.74
MEDICAL SUPPLIES	4,534	1,063,654		598,654.18		.56	25.094		132.04		14.12
@DENTIST	2,538	12,677	\$	395,316.77	\$	31.18		\$	155.76	Ś	9.33
VISITS - DIAGNOSTIC	1,789	8,685	Y	93,048.73	Y	10.71	.205	٧	52.01	Y	2.20
ORAL SURGERY	377	940		59,704.25		63.52	.022		158.37		1.41
DRUGS	25	55		925.00		16.82	.001		37.00		.02
ANESTHESIA	17	17		1,600.00		94.12	.000		94.12		.04
PERIODONTICS	334	351		32,171.50		91.66	.008		96.32		.76
ENDODONTICS	132	204		41,669.00		204.26	.005		315.67		.98
RESTORATIVE DENTISTRY	638	1,526		94,317.55		61.81	.036		147.83		2.23
PROSTHETICS	42	44		1,140.00		25.91	.001		27.14		.03
DENTURES, STAYPLATES	266	741		66,145.51		89.27	.017		248.67		1.56
SPACE MAINTAINERS	3	5		222.00		44.40	.000		74.00		.01
MAXILLOFACIAL SERVICES	16	18		1,893.23		105.18	.000		118.33		.04
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	17	24		2,165.00		90.21	.001		127.35		.05
ALL OTHER SERVICES	52	67		315.00		4.70	.002		6.06		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES I	MONTH-OF-PAYMENT RE	EPOR:			DEC		PΖ	AGE 6,162
MOP024	FEE-FOR-SERVICE/D										03/14/05
MADERA COUNTY	SUMMARY OF SERVIC	ES FOR PUBLIC	ASS	ISTANCE - DISABLED							

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							M	CNO	HLY AVERA	GΕ	
42,386 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	699	1,781	\$	40,000.43	\$	22.46	.042	\$	57.23	\$.94
DIAGNOSTIC AND ANC. PROCED	387	441		16,742.54		37.96	.010		43.26		.40
EYE APPLIANCES	476	1,251		20,566.40		16.44	.030		43.21		.49
OTHER OPTOMETRIC SERVICES	61	89		2,691.49		30.24	.002		44.12		.06
@CHIROPRACTOR	270	384	\$	6,322.59	\$	16.47	.009	\$	23.42	\$.15
VISITS	250	357		5,964.86		16.71	.008		23.86		.14
OTHER SERVICES	20	27		357.73		13.25	.001		17.89		.01
@PODIATRIST	440	572	\$	11,353.83	\$	19.85	.013	\$	25.80	\$.27
MEDICINE/INJECTIONS	223	251		7,163.99		28.54	.006		32.13		.17
SURGERY/ANES.	6	6		912.95		152.16	.000		152.16		.02
RADIO./PATHOLOGY	5	5		86.50		17.30	.000		17.30		.00
OTHER	213	310		3,190.39		10.29	.007		14.98		.08
@HOME HEALTH AGENCY	220	9,082	\$	311,601.06	\$	34.31	.214	\$	1416.37	\$	7.35
NURSE ANESTHESIST	29	341	\$	3 , 887.97	\$	11.40	.008	\$	134.07	\$.09
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	1	3	\$	33.24	\$	11.08	.000	\$	33.24	\$.00
FAMILY NURSE PRACTITIONER	8	8	\$	231.60	\$	28.95	.000	\$	28.95	\$.01
@TOTAL HOSPITAL	6,308	38,115	\$	7,198,238.82	\$	188.86	.899	\$	1141.13	\$	169.83
HOSP INPATIENT TOTAL	716	3,817		6,033,340.96		1580.65	.090		8426.45		142.34
HSC HOSPITALS	347	2 , 530		3,766,102.30		1488.58	.060		10853.32		88.85
NON-HSC HOSPITAL TOTAL	190	1,287		2,105,445.30		1635.93	.030		11081.29		49.67
ACCOMMODATIONS	190	1,287		630,440.50		489.85	.030		3318.11		14.87
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.000		693.90		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	189	1,284		629,746.60		490.46	.030		3331.99		14.86
ANCILLARIES	190	0		1,475,004.80		.00	.000		7763.18		34.80

TNDAMIENM CDOCCOVEDC	194	0	161,793.36	.00	.000	833.99	3.82
INPATIENT CROSSOVERS		_					
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5 , 857	34,298	1,164,897.86	33.96	.809	198.89	27.48
MEDICAL	1,401	3 , 358	193,281.21	57.56	.079	137.96 98.94 61.72	4.56
SURGERY	452	546	44,721.55	81.91	.013	98.94	1.06
PATHOLOGY	1,944	9,998	119,975.76	12.00	.236	61.72	2.83
RADIOLOGY	1,656	2,473	226,912.03	91.76		137.02	5.35
ROOM USE	2,477	3,896	162,358.56	41.67		65.55	3.83
CROSSOVERS/ALL OTH OUTPTNT		14,027	417,648.75	29.77		139.17	9.85
		-			. 331		
@COUNTY HOSPITAL TOTAL	37	123 \$	•	\$ 200.25		\$ 665.71	
CO HOSPITAL INPATIENT TOTAL		24	22,151.01	922.96	.001	5537.75	.52
HSC HOSPITALS	1	3	3,300.00	1100.00	.000	3300.00	.08
NON-HSC HOSPITALS TOTAL	3	21	18,851.01	897.67	.000	6283.67	
ACCOMMODATIONS	3	21	10,141.20	482.91	.000	3380.40	.24
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	21	10,141.20	482.91	.000	3380.40	.24
ANCILLARIES	3	0	8,709.81	.00	.000	2903.27	.21
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0	.00				
ALL OTHER INPATIENT		U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	33	99	2,480.20	25.05	.002	75.16	.06
MEDICAL	19	0 99 30 0	991.76	33.06	.001	52.20	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	17	116.49	6.85	.000	58.25	.00
RADIOLOGY	4	6	156.74	26.12	.000	39.19	.00
ROOM USE	22	24	896.53	37.36	.001	40.75	.02
CROSSOVERS/ALL OTH OUTPTNT		22	318.68	14.49	.001	26.56	.01
			MONTH-OF-PAYMENT R				PAGE 6,163
MOP024	FEE-FOR-SERVICE		HONIII OF TATHENT IN	EIONI FON OAN	2004 IIIKO DI	30 2004	03/14/05
			CICHANCE DICADIED				03/14/03
MADERA COUNTY			SSISTANCE - DISABLED		1401		
MADERA COUNTY	SUMMARY OF SERV	TICES FOR PUBLIC AS					GE
		VICES FOR PUBLIC AS UNITS OF SERVICE		AVERAGE COST	UNITS/DAYS	COST PER	GE COST PER
MADERA COUNTY 42,386 ELIGIBLES	SUMMARY OF SERV	ICES FOR PUBLIC AS UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
MADERA COUNTY	SUMMARY OF SERV USERS 6,281	VICES FOR PUBLIC AS UNITS OF SERVICE	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$ 188.82	UNITS/DAYS PER ELIG .896	COST PER USER	GE COST PER
MADERA COUNTY 42,386 ELIGIBLES	SUMMARY OF SERV USERS 6,281	ICES FOR PUBLIC AS UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81	UNITS/DAYS PER ELIG .896 S	COST PER USER	GE COST PER ELIGIBLE
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 6,281 714 346	UNITS OF SERVICE OR DAYS OF CARE 37,992 3,793	EXPENDITURES 7,173,607.61 6,011,189.95	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81	UNITS/DAYS PER ELIG .896 S	COST PER USER \$ 1142.11 8419.03	GE COST PER ELIGIBLE \$ 169.24 141.82
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 6,281 714 346	UNITS OF SERVICE OR DAYS OF CARE 37,992 \$ 3,793 2,527	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18	UNITS/DAYS PER ELIG .896 .089 .060	COST PER USER 1142.11 8419.03 10875.15	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 6,281 714 346 188	UNITS OF SERVICE OR DAYS OF CARE 37,992 3,793 2,527 1,266	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18	UNITS/DAYS PER ELIG .896 .089 .060	COST PER USER \$ 1142.11 8419.03 10875.15 11098.91	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS 6,281 714 346 188 188	UNITS OF SERVICE OR DAYS OF CARE 37,992 \$ 3,793 2,527 1,266 1,266	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97	UNITS/DAYS PER ELIG .896 5 .089 .060 .030 .030	COST PER USER \$ 1142.11 8419.03 10875.15 11098.91 3299.46	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 6,281 714 346 188 188	UNITS OF SERVICE OR DAYS OF CARE 37,992 3,793 2,527 1,266 1,266 3	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30	UNITS/DAYS PER ELIG .896 5 .089 .060 .030 .030 .000	COST PER USER \$ 1142.11 8419.03 10875.15 11098.91 3299.46 693.90	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS 6,281 714 346 188 188 1	UNITS OF SERVICE OR DAYS OF CARE 37,992 \$ 3,793 2,527 1,266 1,266 3 0	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00	UNITS/DAYS PER ELIG .896 .089 .060 .030 .030 .000	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS 6,281 714 346 188 188 188 1	UNITS OF SERVICE OR DAYS OF CARE 37,992 \$ 3,793 2,527 1,266 1,266 3 0 1,263	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58	UNITS/DAYS PER ELIG .896 .089 .060 .030 .030 .000 .000 .000	COST PER USER \$ 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS 6,281 714 346 188 188 188 1	UNITS OF SERVICE OR DAYS OF CARE 37,992 \$ 3,793 2,527 1,266 1,266 3 0 1,263 0	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00	UNITS/DAYS PER ELIG .896 .089 .060 .030 .030 .000 .000 .000	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS 6,281 714 346 188 188 1 0 187 188 194	UNITS OF SERVICE OR DAYS OF CARE 37,992 3,793 2,527 1,266 1,266 3 0 1,263 0	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99 161,793.36	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00 .00	UNITS/DAYS PER ELIG .896 .089 .060 .030 .030 .000 .000 .000 .000	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44 833.99	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59 3.82
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS 6,281 714 346 188 188 188 1 0 187 188 194	UNITS OF SERVICE OR DAYS OF CARE 37,992 3,793 2,527 1,266 1,266 3 0 1,263 0 0	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99 161,793.36	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00 .00 .00	UNITS/DAYS PER ELIG .896 .089 .060 .030 .030 .000 .000 .000 .000 .000	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44 833.99 .00	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59 3.82 .00
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS 6,281 714 346 188 188 188 1 0 187 188 194	UNITS OF SERVICE OR DAYS OF CARE 37,992 3,793 2,527 1,266 1,266 3 0 1,263 0	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99 161,793.36	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00 .00	UNITS/DAYS PER ELIG .896 .089 .060 .030 .030 .000 .000 .000 .000	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44 833.99	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59 3.82
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS 6,281 714 346 188 188 188 1 0 187 188 194	UNITS OF SERVICE OR DAYS OF CARE 37,992 3,793 2,527 1,266 1,266 3 0 1,263 0 0	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99 161,793.36	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00 .00 .00	UNITS/DAYS PER ELIG .896 .089 .060 .030 .030 .000 .000 .000 .000 .000	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44 833.99 .00	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59 3.82 .00
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS 6,281 714 346 188 188 188 1 0 15,832	UNITS OF SERVICE OR DAYS OF CARE 37,992 3,793 2,527 1,266 1,266 3 0 1,263 0 0 34,199	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99 161,793.36 .00 1,162,417.66	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00 .00 .00 .33.99 57.78	UNITS/DAYS PER ELIG	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44 833.99 .00 199.32	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59 3.82 .00 27.42
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	USERS 6,281 714 346 188 188 188 1 0 5,832 1,384 452	UNITS OF SERVICE OR DAYS OF CARE 37,992 \$ 3,793 2,527 1,266 1,266 3 0 1,263 0 0 34,199 3,328 546	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99 161,793.36 .00 1,162,417.66 192,289.45 44,721.55	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00 .00 .00 .33.99 57.78 81.91	UNITS/DAYS PER ELIG	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44 833.99 .00 199.32 138.94 98.94	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59 3.82 .00 27.42 4.54 1.06
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS 6,281 714 346 188 188 188 1 0 187 188 194 0 5,832 1,384 452 1,942	UNITS OF SERVICE OR DAYS OF CARE 37,992 \$ 3,793 2,527 1,266 1,266 1,266 0 0 1,263 0 0 34,199 3,328 546 9,981	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99 161,793.36 .00 1,162,417.66 192,289.45 44,721.55 119,859.27	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00 .00 .00 .33.99 57.78 81.91 12.01	UNITS/DAYS PER ELIG	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44 833.99 .00 199.32 138.94 98.94 61.72	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59 3.82 .00 27.42 4.54 1.06 2.83
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	USERS 6,281 714 346 188 188 188 1 0 187 188 194 0 5,832 1,384 452 1,942 1,652	UNITS OF SERVICE OR DAYS OF CARE 37,992 \$ 3,793 2,527 1,266 1,266 1,266 0 0 1,263 0 0 34,199 3,328 546 9,981 2,467	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99 161,793.36 .00 1,162,417.66 192,289.45 44,721.55 119,859.27 226,755.29	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00 .00 .00 .33.99 57.78 81.91 12.01 91.92	UNITS/DAYS PER ELIG	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44 833.99 .00 199.32 138.94 98.94 61.72 137.26	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59 3.82 .00 27.42 4.54 1.06 2.83 5.35
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS 6,281 714 346 188 188 188 1 0 187 188 194 0 5,832 1,384 452 1,942 1,652 2,461	UNITS OF SERVICE OR DAYS OF CARE 37,992 \$ 3,793 2,527 1,266 1,266 1,266 0 0 1,263 0 0 34,199 3,328 546 9,981 2,467 3,872	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99 161,793.36 .00 1,162,417.66 192,289.45 44,721.55 119,859.27 226,755.29 161,462.03	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00 .00 .00 .33.99 57.78 81.91 12.01 91.92 41.70	UNITS/DAYS PER ELIG	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44 833.99 .00 199.32 138.94 98.94 61.72 137.26 65.61	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59 3.82 .00 27.42 4.54 1.06 2.83 5.35 3.81
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	USERS 6,281 714 346 188 188 188 1 0 187 188 194 0 5,832 1,384 452 1,942 1,652 2,461 2,989	UNITS OF SERVICE OR DAYS OF CARE 37,992 3,793 2,527 1,266 1,266 1,266 0 0 1,263 0 0 34,199 3,328 546 9,981 2,467 3,872 14,005	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99 161,793.36 .00 1,162,417.66 192,289.45 44,721.55 119,859.27 226,755.29 161,462.03 417,330.07	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00 .00 .00 .33.99 57.78 81.91 12.01 91.92 41.70 29.80	UNITS/DAYS PER ELIG	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44 833.99 .00 199.32 138.94 98.94 61.72 137.26 65.61 139.62	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59 3.82 .00 27.42 4.54 1.06 2.83 5.35 3.81 9.85
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	USERS 6,281 714 346 188 188 1 0 187 188 194 0 5,832 1,384 452 1,942 1,652 2,461 2,989 0	UNITS OF SERVICE OR DAYS OF CARE 37,992 3,793 2,527 1,266 1,266 1,266 0 0 1,263 0 0 34,199 3,328 546 9,981 2,467 3,872 14,005 0 \$	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99 161,793.36 .00 1,162,417.66 192,289.45 44,721.55 119,859.27 226,755.29 161,462.03 417,330.07	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00 .00 .00 .33.99 57.78 81.91 12.01 91.92 41.70 29.80 \$.00	UNITS/DAYS PER ELIG	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44 833.99 .00 199.32 138.94 98.94 61.72 137.26 65.61 139.62 .00	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59 3.82 .00 27.42 4.54 1.06 2.83 5.35 3.81 9.85 \$
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	USERS 6,281 714 346 188 188 188 1 0 187 188 194 0 5,832 1,384 452 1,942 1,652 2,461 2,989 0 0	UNITS OF SERVICE OR DAYS OF CARE 37,992 3,793 2,527 1,266 1,266 1,266 3 0 1,263 0 1,263 0 34,199 3,328 546 9,981 2,467 3,872 14,005 0 \$	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99 161,793.36 .00 1,162,417.66 192,289.45 44,721.55 119,859.27 226,755.29 161,462.03 417,330.07 .00 .00	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00 .00 .00 .33.99 57.78 81.91 12.01 91.92 41.70 29.80 \$.00 .00	UNITS/DAYS PER ELIG	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44 833.99 .00 199.32 138.94 98.94 61.72 137.26 65.61 139.62 .00 .00	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59 3.82 .00 27.42 4.54 1.06 2.83 5.35 3.81 9.85 \$.00 .00
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS 6,281 714 346 188 188 10 01 187 188 194 05,832 1,384 452 1,942 1,652 2,461 2,989 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 37,992 3,793 2,527 1,266 1,266 1,263 0 0 1,263 0 0 34,199 3,328 546 9,981 2,467 3,872 14,005 0 0	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99 161,793.36 .00 1,162,417.66 192,289.45 44,721.55 119,859.27 226,755.29 161,462.03 417,330.07 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00 .00 .00 .33.99 57.78 81.91 12.01 91.92 41.70 29.80 \$.00 .00 .00 .00	UNITS/DAYS PER ELIG	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44 833.99 .00 199.32 138.94 61.72 137.26 65.61 139.62 .00 .00 .00	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59 3.82 .00 27.42 4.54 1.06 2.83 5.35 3.81 9.85 \$.00 .00 .00
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	USERS 6,281 714 346 188 188 10 0 187 188 194 0 5,832 1,384 452 1,942 1,652 2,461 2,989 0 0 0 424	UNITS OF SERVICE OR DAYS OF CARE 37,992 3,793 2,527 1,266 1,266 1,263 0 0 1,263 0 0 34,199 3,328 546 9,981 2,467 3,872 14,005 0 0 10,942 \$	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99 161,793.36 .00 1,162,417.66 192,289.45 44,721.55 119,859.27 226,755.29 161,462.03 417,330.07 .00 .00 1,524,629.25	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00 .00 .00 .33.99 57.78 81.91 12.01 91.92 41.70 29.80 \$.00 .00 \$ \$ 139.34	UNITS/DAYS PER ELIG	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44 833.99 .00 199.32 138.94 98.94 61.72 137.26 65.61 139.62 .00 .00 .00 .00 \$3595.82	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59 3.82 .00 27.42 4.54 1.06 2.83 5.35 3.81 9.85 \$.00 .00 .00 \$ \$ 35.97
MADERA COUNTY 42,386 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS 6,281 714 346 188 188 10 01 187 188 194 05,832 1,384 452 1,942 1,652 2,461 2,989 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 37,992 3,793 2,527 1,266 1,266 1,263 0 0 1,263 0 0 34,199 3,328 546 9,981 2,467 3,872 14,005 0 0	EXPENDITURES 7,173,607.61 6,011,189.95 3,762,802.30 2,086,594.29 620,299.30 693.90 .00 619,605.40 1,466,294.99 161,793.36 .00 1,162,417.66 192,289.45 44,721.55 119,859.27 226,755.29 161,462.03 417,330.07 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 188.82 1584.81 1489.04 1648.18 489.97 231.30 .00 490.58 .00 .00 .00 .33.99 57.78 81.91 12.01 91.92 41.70 29.80 \$.00 .00 .00 .00	UNITS/DAYS PER ELIG	COST PER USER 1142.11 8419.03 10875.15 11098.91 3299.46 693.90 .00 3313.40 7799.44 833.99 .00 199.32 138.94 61.72 137.26 65.61 139.62 .00 .00 .00	GE COST PER ELIGIBLE \$ 169.24 141.82 88.77 49.23 14.63 .02 .00 14.62 34.59 3.82 .00 27.42 4.54 1.06 2.83 5.35 3.81 9.85 \$ 00 .00 .00

LEV B-REHAB MD	43	1,326		166,048.47		125.23	.031		3861.59		3.92
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	2	89		40,073.59		450.27	.002		20036.80		.95
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	381	9,527		1,318,507.19		138.40	.225		3460.65		31.11
@INTERMEDIATE CARE FACILDD	262	8,132	\$	1,677,698.20	\$	206.31	.192	\$	6403.43	\$	39.58
ICF DDH	16	466		78,754.65		169.00	.011		4922.17		1.86
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	246	7,666		1,598,943.55		208.58	.181		6499.77		37.72
@HEMODIALYSIS TOTAL	328	2,358	\$	222,555.42	\$	94.38	.056	\$	678.52	\$	5.25
HOSPITAL BASED	1	2		5,228.04		2614.02	.000		5228.04		.12
HEMODIALYSIS CENTER	327	2,356		217,327.38		92.24	.056		664.61		5.13
@REHABILITATION FACILITY	139	518	\$	16,824.21	\$	32.48	.012	\$	121.04	\$.40
HOSPITAL BASED	135	507		16,562.62		32.67	.012		122.69		.39
INDEPENDENT FACILITY	4	11		261.59		23.78	.000		65.40		.01
@LABORATORY FACILITY	2,537	11,596	\$	122,120.19	\$	10.53	.274	\$	48.14	\$	2.88
PATHOLOGY	2,522	11,563		121,774.26		10.53	.273		48.28		2.87
XO AND OTHERS	15	33		345.93		10.48	.001		23.06		.01
@ORGANIZED OUTPATIENT CLINIC	9 , 155	15 , 713	\$	1,773,581.00	\$	112.87	.371	\$	193.73	\$	41.84
CLINIC	71	236		5 , 773.82		24.47	.006		81.32		.14
SURGICENTER	188	768		26,885.80		35.01	.018		143.01		.63
HEROIN DETOX CLINIC	13	139		1,555.52		11.19	.003		119.66		.04
RURAL HEALTH CLINIC	8 , 975	14,570		1,739,365.86		119.38	.344		193.80		41.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 6,164
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASS	ISTANCE - DISABLED)						
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MADERA COUNTI	DOMMANT OF DEN	VICES FOR TODALC ASE	DISTANCE DISABIED				
					MON		.GE
42,386 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5 , 926	1,221,615 \$	1,183,370.57	\$.97	28.821 \$	199.69	\$ 27.92
DURABLE MED. EQUIP.	654	1 , 975	266,061.24	134.71	.047	406.82	6.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	31	50	15,762.90	315.26	.001	508.48	.37
MEDICAL TRANSPORTATION	974	47 , 749	260,942.91	5.46	1.127	267.91	6.16
AMBULANCES/AIR TRANS	767	13,345	147,873.20	11.08	.315	192.79	3.49
OTHER TRANS	199	33 , 953	101,778.88	3.00	.801	511.45	2.40
OTHER SERVICES	50	451	11,290.83	25.04	.011	225.82	.27
ACUPUNCTURE	13	27	459.56	17.02	.001	35.35	.01
ADULT DAY HEALTH CARE CTR	91	1,329	92,262.58	69.42	.031	1013.87	2.18
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	86	612	35,621.65	58.21	.014	414.21	.84
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	931	2,162	25,930.46	11.99	.051	27.85	.61
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	22	51	718.47	14.09	.001	32.66	.02
PROSTHETIST/ORTHOTISTS	80	285	39,382.49	138.18	.007	492.28	.93
PROSTHETICS	79	284	39,343.66	138.53	.007	498.02	.93
ORTHOTICS	1	1	38.83	38.83	.000	38.83	.00
PSYCHOLOGIST	7	24	1,813.83	75.58	.001	259.12	.04
SPEECH AND AUDIOLOGY	160	494	35,799.99	72.47	.012	223.75	.84
HOSPICE SERVICES	5	164	20,272.93	123.62	.004	4054.59	.48
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	941	44,388	193,073.96	4.35	1.047	205.18	4.56
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	2,438	1,122,302	194,952.60	.17	26.478	79.96		4.60
@CALIF. CHILDREN SERVICES*	1,241	29 , 721	\$ 2,981,979.70	\$ 100.33	.701	\$ 2402.88 \$	\$	70.35
@XOVER EXCLUDING STATE HOSP**	5,912	71,396	\$ 855,294.52	\$ 11.98	1.684	\$ 144.67 \$	Ş	20.18

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,165
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

THIDDIN COONTI	DOINGING OF DELL	VICED FOR FODERC MOD	JIDIIMCH IIMIIHID				
					MON	NTHLY AVERA	GE
97,638 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	50 , 865	251,653 \$	12,443,391.89	\$ 49.45	2.577	\$ 244.64	\$ 127.44
@PHYSICIANS SERVICES	17 , 257	39,253 \$	1,588,540.25	\$ 40.47	.402	\$ 92.05	\$ 16.27
OUTPATIENT VISITS	13,450	19,104	649,718.67	34.01	.196	48.31	6.65
OFFICE VISITS	10,270	13,345	406,293.51	30.45	.137	39.56	4.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,714	2,983	156,009.40	52.30	.031	57.48	1.60
PREVENTIVE CARE	14	14	592.82	42.34	.000	42.34	.01
OB VISITS/COMPRE PERI	556	2,262	71,882.44	31.78	.023	129.28	.74
OTHER OUTPATIENT	436	500	14,940.50	29.88	.005	34.27	.15
INPATIENT VISITS	530	1,508	98,153.02	65.09	.015	185.19	1.01
HOSPITAL VISITS	498	1,221	58 , 931.94	48.27	.013	118.34	.60
CRITICAL CARE	46	287	39,221.08	136.66	.003	852.63	.40
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	343	378	17,068.59	45.16	.004	49.76	.17
EXAMINATIONS	337	372	16,958.59	45.59	.004	50.32	.17
SERVICES AND MATERIALS	6	6	110.00	18.33	.000	18.33	.00
INPATIENT HOSPITAL SURGERY	512	1,590	299,914.64	188.63	.016	585.77	3.07
PRINCIPAL SURGEON	362	518	260,755.77	503.39	.005	720.32	2.67
ASSISTANT SURGEON	70	69	11,742.83	170.19	.001	167.75	.12
ANESTHESIOLOGIST	160	1,003	27,416.04	27.33	.010	171.35	.28

OUTPATIENT SURGERY	967	1,913		141,803.26		74.13	.020		146.64		1.45
PRINCIPAL SURGEON	805	962		115,278.33		119.83	.010		143.20		1.18
ASSISTANT SURGEON	7	7		977.27		139.61	.000		139.61		.01
ANESTHESIOLOGIST	231	944		25,547.66		27.06	.010		110.60		.26
DIALYSIS	1	9		721.60		80.18	.000		721.60		.01
PATHOLOGY	2,106	3,375		44,083.81		13.06	.035		20.93		.45
RADIOLOGY	2,827	4,011		108,932.18		27.16	.041		38.53		1.12
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	378	1,385		116,666.84		84.24	.014		308.64		1.19
OTHER SERVICES/ALL X-OVERS	1,913	5 , 980		111,477.64		18.64	.061		58.27		1.14
@PHARMACY	25,839	75 , 701	\$	2,884,129.12	Ġ		.775	¢		Ś	29.54
PRESCRIPTION DRUGS	25,668	67,094	٧	2,817,095.24	Y	41.99	.687	٧	109.75	Y	28.85
SNF/ICF	23,000	07,094		.00		.00	.000		.00		.00
OUTPATIENTS	25 , 668	67,094		2,817,095.24		41.99	.687		109.75		28.85
	1,054	8,607		67,033.88		7.79	.088		63.60		.69
MEDICAL SUPPLIES @DENTIST			\$		ċ		.394	ċ		ċ	9.04
•	6,152	38,448	Þ	882,762.14	Þ			Þ	73.13	Ş	9.04 3.16
VISITS - DIAGNOSTIC	4,214	28,620		308,181.45		10.77	.293				
ORAL SURGERY	927	1,670		99,027.73		59.30	.017		106.83		1.01
DRUGS	136	223		4,198.75		18.83	.002		30.87		.04
ANESTHESIA	48	49		4,700.00		95.92	.001		97.92		.05
PERIODONTICS	217	224		17,691.00		78.98	.002		81.53		.18
ENDODONTICS	378	688		81,996.75		119.18	.007		216.92		.84
RESTORATIVE DENTISTRY	2,393	6,100		308,232.80		50.53	.062		128.81		3.16
PROSTHETICS	9	9		150.00		16.67	.000		16.67		.00
DENTURES, STAYPLATES	43	174		15,114.75		86.87	.002		351.51		.15
SPACE MAINTAINERS	46	65		7,296.00		112.25	.001		158.61		.07
MAXILLOFACIAL SERVICES	61	61		6,057.91		99.31	.001		99.31		.06
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000		1200.00		.01
ORTHODONTIC SERVICES	293	342		27,640.00		80.82	.004		94.33		.28
ALL OTHER SERVICES	132	222		1,275.00		5.74	.002		9.66		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES :	MONTH-OF-PAYMENT R	REPO	RT FOR JAN 2	2004 THRU	DEC	2004	P	AGE 6,166
MOP024	FEE-FOR-SERVICE	:/DENTAL									03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS	ISTANCE - FAMILIES	3						
							M	IONT	HLY AVERA	GΕ	
97,638 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	A	VERAGE COST	UNITS/DAY	S	COST PER		COST PER
,		OR DAYS OF CARE			Р	ER UNIT/DAY	PER ELIG	,	USER		ELIGIBLE
@OPTOMETRIST	843	2,175	\$	49,398.72	\$	22.71	.022	\$	58.60	\$.51
DIAGNOSTIC AND ANC. PROCED	619	709		27,973.51		39.45	.007	•	45.19	·	.29
EYE APPLIANCES	543	1,464		21,389.80		14.61	.015		39.39		.22
OTHER OPTOMETRIC SERVICES	2	2		35.41		17.71	.000		17.71		.00
@CHIROPRACTOR	308	466	\$	7,774.80	\$.005	Ś	25.24	Ś	.08
VITCITC	300	166		•		16 60	005				00

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97,638 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES		ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARI			PΕ	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	843	2,175	\$	49,398.72	\$	22.71	.022	\$	58.60	\$.51
DIAGNOSTIC AND ANC. PROCED	619	709		27,973.51		39.45	.007		45.19	.29
EYE APPLIANCES	543	1,464		21,389.80		14.61	.015		39.39	.22
OTHER OPTOMETRIC SERVICES	2	2		35.41		17.71	.000		17.71	.00
@CHIROPRACTOR	308	466	\$	7,774.80	\$	16.68	.005	\$	25.24	\$.08
VISITS	308	466		7,774.80		16.68	.005		25.24	.08
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	96	115	\$	3,796.62	\$	33.01	.001	\$	39.55	\$.04
MEDICINE/INJECTIONS	96	111		3,595.96		32.40	.001		37.46	.04
SURGERY/ANES.	1	1		84.14		84.14	.000		84.14	.00
RADIO./PATHOLOGY	2	2		41.52		20.76	.000		20.76	.00
OTHER	1	1		75.00		75.00	.000		75.00	.00
@HOME HEALTH AGENCY	30	73	\$	4,893.52	\$	67.03	.001	\$	163.12	\$.05
NURSE ANESTHESIST	23	390	\$	4,920.17	\$	12.62	.004	\$	213.92	\$.05
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	9	19	\$	334.37	\$	17.60	.000	\$	37.15	\$.00
@TOTAL HOSPITAL	6,965	25,524	\$	3,282,674.41	\$	128.61	.261	\$	471.31	\$ 33.62
HOSP INPATIENT TOTAL	522	1,928		2,556,800.89		1326.14	.020		4898.09	26.19
HSC HOSPITALS	346	1,168		1,875,375.02		1605.63	.012		5420.16	19.21

NON-HSC HOSPITAL TOTAL	178	760		681,425.87		896.61	.008		3828.24		6.98
ACCOMMODATIONS	178	760		229,992.34		302.62	.008		1292.09		2.36
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	178	760		229,992.34		302.62	.008		1292.09		2.36
ANCILLARIES	178	0		451,433.53		.00	.000		2536.14		4.62
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6,609	23 , 596		725,873.52		30.76			109.83		7.43
MEDICAL	1,686	2,364		105,140.58		44.48	.024		62.36		1.08
SURGERY	707	914		53,414.37		58.44			75.55		.55
PATHOLOGY	2,012	7,085		80,843.92		11.41	.073		40.18		.83
RADIOLOGY	1,828	2,414		165,474.70		68.55	.025		90.52		1.69
ROOM USE	4,416	5 , 591		224,899.58		40.23	.057		50.93		2.30
CROSSOVERS/ALL OTH OUTPINT	2,518	5,228		96,100.37		18.38			38.17		.98
@COUNTY HOSPITAL TOTAL	25	85	\$	7,590.31	\$	89.30	.001	\$	303.61	\$.08
CO HOSPITAL INPATIENT TOTAL	1	4		5,408.00		1352.00	.000		5408.00		.06
HSC HOSPITALS	1	4		5,408.00		1352.00	.000		5408.00		.06
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	24	81		2,182.31		26.94			90.93		.02
MEDICAL	7	7		373.46		53.35			53.35		.00
SURGERY	1	1		18.61		18.61			18.61		.00
PATHOLOGY	8	34		339.15		9.98			42.39		.00
RADIOLOGY	4	10		227.60		22.76			56.90		.00
ROOM USE	16	18		706.75		39.26			44.17		.01
CROSSOVERS/ALL OTH OUTPTNT		11		516.74		46.98	.000		51.67		.01
	MEDI-CAL SERVICES AN		RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004		E 6,167
	FEE-FOR-SERVICE/DEN										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASSI	STANCE - FAMILIES							
05.600			_				M		HLY AVERA	GE	

					,		
97,638 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,942	25 , 439 \$	3,275,084.10	\$ 128.74	.261	471.78	\$ 33.54
COMM HOSP INPATIENT TOTAL	521	1,924	2,551,392.89	1326.09	.020	4897.11	26.13
HSC HOSPITALS	345	1,164	1,869,967.02	1606.50	.012	5420.19	19.15
NON-HSC HOSPITALS TOTAL	178	760	681,425.87	896.61	.008	3828.24	6.98
ACCOMMODATIONS	178	760	229,992.34	302.62	.008	1292.09	2.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	178	760	229,992.34	302.62	.008	1292.09	2.36
ANCILLARIES	178	0	451,433.53	.00	.000	2536.14	4.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6 , 586	23,515	723,691.21	30.78	.241	109.88	7.41
MEDICAL	1,679	2,357	104,767.12	44.45	.024	62.40	1.07
SURGERY	706	913	53,395.76	58.48	.009	75.63	.55
PATHOLOGY	2,004	7,051	80,504.77	11.42	.072	40.17	.82
RADIOLOGY	1,824	2,404	165,247.10	68.74	.025	90.60	1.69
ROOM USE	4,401	5 , 573	224,192.83	40.23	.057	50.94	2.30

CROSSOVERS/ALL OTH OUTPTNT		5 , 217		95 , 583.63		18.32	.053		38.11		.98
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	478.60	\$	478.60	.000	\$	478.60	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		478.60		478.60	.000		478.60		.00
@REHABILITATION FACILITY	106	292	\$	10,511.87	\$	36.00	.003	\$	99.17	\$.11
HOSPITAL BASED	105	291		10,490.68		36.05	.003		99.91		.11
INDEPENDENT FACILITY	1	1		21.19		21.19	.000		21.19		.00
@LABORATORY FACILITY	2,499	9,498	\$	115,722.46	\$	12.18	.097	\$	46.31	\$	1.19
PATHOLOGY	2,493	9,492		115,365.46		12.15	.097		46.28		1.18
XO AND OTHERS	6	6		357.00		59.50	.000		59.50		.00
@ORGANIZED OUTPATIENT CLINIC		23,798	\$	3,403,758.12	\$	143.03	.244	\$	222.70	\$	34.86
CLINIC	784	3,129		70,021.68		22.38	.032		89.31		.72
SURGICENTER	136	610		23,723.37		38.89	.006		174.44		.24
HEROIN DETOX CLINIC	9	82		966.97		11.79	.001		107.44		.01
RURAL HEALTH CLINIC	14,530	19,977		3,309,046.10		165.64	.205		227.74		33.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 6,168
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
MADERA COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC	ASSI	STANCE - FAMILIES							
							M	ONT	HLY AVERA	GE -	
97,638 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER	С	OST PER
		OR DAYS OF CAR	RE		PER	UNIT/DAY	PER ELIG		USER	Ε	LIGIBLE
@ALL OTHER PROVIDERS	4,315	35,900	\$	203,696.72	\$	5.67	.368	\$	47.21	\$	2.09
DURABLE MED. EQUIP.	4,315 62 0 1 477 477	74		8,732.63		118.01	.001		140.85		.09
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		817.29		817.29	.000		817.29		.01
MEDICAL TRANSPORTATION	477	7,137		74,350.89		10.42	.073		155.87		.76
AMBULANCES/AIR TRANS	477	7,132		69,456.13		9.74	.073		145.61		.71
OTHER TRANS	0	, 0		.00		.00	.000		.00		.00
OTHER SERVICES	4	5		4,894.76		978.95	.000		1223.69		.05
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	88	88		9,240.00		105.00	.001		105.00		.09
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0				.00	.000		.00		.00
OPTICIAN	971	2,062		.00 19,179.20		9.30	.021		19.75		.20
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	41	66		3,917.64		59.36	.001		95.55		.04
DD00EHEET00	4.0	66		2,072,50		59.50	.001		06.04		.01

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65

SPEECH AND AUDIOLOGY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

40

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17

4

3,873.56

3,606.39 1,529.65

44.08

.001

.000

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.000

96.84

44.08

212.14

382.41

59.59

44.08

55.48

254.94

.04

.00

.04

.02

HOSPICE SERVICES	0	0	.00	.00	.000	.00	. (00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	. (00
LOCAL EDUCATION AGENCIES	2,605	7,046	79 , 873.58	11.34	.072	30.66	. 8	82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	. (00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	. (00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	. (00
ALL OTHER PROVIDERS	97	19,355	2,449.45	.13	.198	25.25	. (03
@CALIF. CHILDREN SERVICES*	292	9,781	\$ 496,629.18	\$ 50.77	.100	\$ 1700.78	\$ 5.0)9
@XOVER EXCLUDING STATE HOSP**	3	4	\$ 555.26	\$ 138.82	.000	\$ 185.09	\$.(J1

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,169
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

MADERA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC ASS	ISTANCE - TOTAL				
					MON		GE
157,747 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
	100,748	3,901,529 \$	48,485,134.67	\$ 12.43	24.733 \$		\$ 307.36
@PHYSICIANS SERVICES	32,173	103,129 \$	3,569,554.06	\$ 34.61	.654 \$	110.95	\$ 22.63
OUTPATIENT VISITS	19,510	28,780	1,013,168.16	35.20	.182	51.93	6.42
OFFICE VISITS	14,558	19 , 855	604,259.37	30.43	.126	41.51	3.83
HOME VISITS	45	75	2,815.98	37.55	.000	62.58	.02
EMERGENCY ROOM	4,094	4,865	275 , 963.21	56.72	.031	67.41	1.75
PREVENTIVE CARE	27	27	1,163.40	43.09	.000	43.09	.01
OB VISITS/COMPRE PERI	587	2,473	77,721.79	31.43	.016	132.41	.49
OTHER OUTPATIENT	1,171	1,485	51,244.41	34.51	.009	43.76	.32
INPATIENT VISITS	1,476	6 , 597	395,037.33	59.88	.042	267.64	2.50
HOSPITAL VISITS	1,226	5,383	257,162.82	47.77	.034	209.76	1.63
CRITICAL CARE	134	844	125,611.39	148.83	.005	937.40	.80
SNF/ICF/TRANS IP CARE	202	370	12,263.12	33.14	.002	60.71	.08
OPHTHALMOLOGICAL SERVICES	798	900	35,105.03	39.01	.006	43.99	.22
EXAMINATIONS	790	892	34,939.74	39.17	.006	44.23	.22
SERVICES AND MATERIALS	8	8	165.29	20.66	.000	20.66	.00
INPATIENT HOSPITAL SURGERY	840	3 , 560	474,973.41	133.42	.023	565.44	3.01
PRINCIPAL SURGEON	607	913	399,601.78	437.68	.006	658.32	2.53
ASSISTANT SURGEON	97	98	17,784.73	181.48	.001	183.35	.11
ANESTHESIOLOGIST	269	2,549	57 , 586.90	22.59	.016	214.08	.37
OUTPATIENT SURGERY	1,682	3 , 535	293 , 177.79	82.94	.022	174.30	1.86
PRINCIPAL SURGEON	1,395	1,684	246,148.62	146.17	.011	176.45	1.56
ASSISTANT SURGEON	16	25	1,924.17	76.97	.000	120.26	.01
ANESTHESIOLOGIST	387	1,826	45,105.00	24.70	.012	116.55	.29
DIALYSIS	53	300	15,945.77	53.15	.002	300.86	.10
PATHOLOGY	3 , 501	6 , 936	88,976.05	12.83	.044	25.41	.56
RADIOLOGY	5,535	9 , 523	300,826.38	31.59	.060	54.35	1.91
PSYCHIATRY	3	3	189.90	63.30	.000	63.30	.00
IMMUNIZATION AND INJECTION	793	10,754	400,093.33	37.20	.068	504.53	2.54
OTHER SERVICES/ALL X-OVERS	10,014	32,241	552,060.91	17.12	.204	55.13	3.50
@PHARMACY	66,430	1,905,011 \$	19,506,256.89	\$ 10.24	12.076 \$	293.64	\$ 123.66
PRESCRIPTION DRUGS	65,238	246,844	18,648,162.97	75.55	1.565	285.85	118.22
SNF/ICF	1,109	7,475	610,857.24	81.72	.047	550.82	3.87
OUTPATIENTS	64,280	239,369	18,037,305.73	75.35	1.517	280.61	114.34
MEDICAL SUPPLIES	7,802	1,658,167	858,093.92	.52	10.512	109.98	5.44
@DENTIST	9,537	54,828 \$	1,423,742.83	\$ 25.97	.348 \$	149.29	\$ 9.03
VISITS - DIAGNOSTIC	6 , 539	39 , 638	423,920.18	10.69	.251	64.83	2.69
ORAL SURGERY	1,459	2,953	178,493.98	60.44	.019	122.34	1.13

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	161	278		5,123.75		18.43	.002		31.82		.03
ANESTHESIA	67	68		6,500.00		95.59	.002		97.01		.03
PERIODONTICS	665	694		60,872.50		87.71	.004		91.54		.39
ENDODONTICS	543	947		134,366.75		141.89	.004		247.45		.85
RESTORATIVE DENTISTRY	3,189	7,962		427,304.35		53.67	.050		133.99		2.71
PROSTHETICS	62	64		1,550.00		24.22	.000		25.00		.01
DENTURES, STAYPLATES	508	1,408		137,397.18		97.58	.009		270.47		.87
SPACE MAINTAINERS	49	70		7,518.00		107.40	.000		153.43		.05
MAXILLOFACIAL SERVICES	78	81		8,101.14		100.01	.001		103.86		.05
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000		1200.00		.01
ORTHODONTIC SERVICES	310	366		29,805.00		81.43	.002		96.15		.19
ALL OTHER SERVICES	196	298		1,590.00		5.34	.002		8.11		.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	RES MO	•	EPORT			DEC		PAGE	
MOP024	FEE-FOR-SERVICE	C/DENTAL									3/14/05
MADERA COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSI	STANCE - TOTAL							
							M	ONT	HLY AVERA	GE	
157,747 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER	COS	T PER
		OR DAYS OF CARE	<u> </u>		PER	UNIT/DAY	PER ELIG		USER	ELI	GIBLE
@OPTOMETRIST	1,799	4,563	\$	101,656.85	\$	22.28	.029	\$	56.51	\$.64
DIAGNOSTIC AND ANC. PROCED	1,069	1,220		46,935.12		38.47	.008		43.91		.30
EYE APPLIANCES	1,178	3,143		49,501.86		15.75	.020		42.02		.31
OTHER OPTOMETRIC SERVICES	138	200		5,219.87		26.10	.001		37.83		.03
@CHIROPRACTOR	615	913	\$	15,030.02	Ś	16.46	.006	\$	24.44	\$.10
VISITS											.09
V15115	573	852		14,224.54		16.70	.005		24.82		. 0 9
OTHER SERVICES	573 42	61		•	'	16.70 13.20	.005		24.82 19.18		.01
OTHER SERVICES @PODIATRIST	42 741	61 978	\$	14,224.54 805.48 17,848.37	\$	13.20 18.25	.000	\$	19.18 24.09	\$.01
OTHER SERVICES	42	61	\$	14,224.54 805.48 17,848.37 10,903.95	\$	13.20 18.25 29.63	.000	\$	19.18 24.09 33.55	\$.01
OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	42 741	61 978	\$	14,224.54 805.48 17,848.37 10,903.95 997.09	\$	13.20 18.25 29.63 142.44	.000 .006 .002 .000	\$	19.18 24.09 33.55 142.44	\$.01 .11 .07 .01
OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	42 741 325 7	61 978 368 7 7	\$	14,224.54 805.48 17,848.37 10,903.95 997.09 128.02	\$	13.20 18.25 29.63 142.44 18.29	.000 .006 .002 .000	\$	19.18 24.09 33.55 142.44 18.29	\$.01 .11 .07 .01
OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	42 741 325 7 7 413	61 978 368 7 7 596	'	14,224.54 805.48 17,848.37 10,903.95 997.09 128.02 5,819.31	·	13.20 18.25 29.63 142.44 18.29 9.76	.000 .006 .002 .000 .000	\$	19.18 24.09 33.55 142.44 18.29 14.09	•	.01 .11 .07 .01 .00
OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	42 741 325 7	61 978 368 7 7	\$ \$	14,224.54 805.48 17,848.37 10,903.95 997.09 128.02	\$ \$	13.20 18.25 29.63 142.44 18.29	.000 .006 .002 .000	\$ \$ \$	19.18 24.09 33.55 142.44 18.29 14.09	\$ \$.01 .11 .07 .01

NURSE MIDWIFE	0	0	Ċ	.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
PEDIATRIC NURSE PRACTITIONER	-	3	\$	33.24	\$	11.08	.000		33.24		.00
	17	27	٦	55.24	ې د	11.00					
FAMILY NURSE PRACTITIONER	1/	27	۶	565.97 11,361,894.44 9,353,659.87 6,022,184.66	Ş	20.96	.000		33.29		.00
@TOTAL HOSPITAL	14,446 1,457	68,314	\$	11,361,894.44	Ş	166.32	.433	Ş		Ş	72.03
HOSP INPATIENT TOTAL	1,457	6,280		9,353,659.87		1489.44	.040		6419.81		59.30
HSC HOSPITALS	732 402					1494.71 1354.14 415.21	.026		8227.03		38.18
NON-HSC HOSPITAL TOTAL	402	2,251		3,048,167.05		1354.14	.014		7582.51		19.32
ACCOMMODATIONS	402 402	2,251		934,628.50		415.21	.014		2324.95		5.92
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.000		693.90		.00
TRANSITIONAL IP CARE	0	Ω		- 00		.00	.000		.00		.00
ALL OTHER ACCOM	401	2,248		933,934.60		415.45	.014		2329.01		5.92
HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	402	0		2,113,538.55		.00	.000		5257.56		13.40
INPATIENT CROSSOVERS	341	0		2,113,330.33		.00	.000		830.82		1.80
INFAILENI CROSSOVERS	0	0		283,308.16 .00 2,008,234.57		.00					.00
ALL OTHER INPATIENT	13,478	62.024		.00			.000		.00		
	13,4/8	62,034		2,008,234.57		32.37	.393		149.00		12.73
MEDICAL	3,116	5,773		300,403.17		52.04 68.13	.037		96.41		1.90
SURGERY	1,173	1,477		100,629.48		68.13	.009		85.79		.64
PATHOLOGY	4,001	17,344		204,188.48		11.77	.110		51.03		1.29
RADIOLOGY	3 , 535	4,966		400,841.20		80.72	.031		113.39		2.54
ROOM USE	6,956	9,597		391 , 809.78		11.77 80.72 40.83	.061		56.33		2.48
CROSSOVERS/ALL OTH OUTPTNT	6,461	22,877 259		610,362.46		26.68 150.12	.145		94.47		3.87
@COUNTY HOSPITAL TOTAL	75	259	\$	610,362.46 38,882.01 33,249.81	\$	150.12	.002	\$	518.43	\$.25
CO HOSPITAL INPATIENT TOTAL	7	33		33,249.81			.000		4749.97		.21
	3	12		13,817.94		1007.57 1151.50	.000		4605.98		.09
NON-HSC HOSPITALS TOTAL	3	21		18,851.01		897.67	.000		6283.67		.12
ACCOMMODATIONS	3	21		10,141.20		482.91	.000		3380.40		.06
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	3 3 0 0 3 3	0				.00	.000		.00		.00
TRANSTITIONAL IF CARE	0	21		.00 10,141.20 8.709.81							
ALL OTHER ACCOM	3	21		10,141.20		482.91	.000		3380.40		.06
ANCILLARIES	3	0		0,703.01		.00	.000		2903.27		.06
INPATIENT CROSSOVERS	1	0		580.86		.00	.000		580.86		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	69	226		5,632.20		24.92	.001		81.63		.04
MEDICAL	1 0 69 27 1	259 33 12 21 21 0 0 21 0 0 226 37		1,365.22		24.92 36.90	.000		50.56		.01
SURGERY				18.61		18.61	.000		18.61		.00
PATHOLOGY	11	51		455.64		8.93	.000		41.42		.00
RADIOLOGY	8	16		384.34		24.02	.000		48.04		.00
ROOM USE	39	42		1,603.28		38.17	.000		41.11		.01
CROSSOVERS/ALL OTH OUTPTNT	33	79		1,805.11		22.85	.001		54.70		.01
			ES I	MONTH-OF-PAYMENT RE	EPOR			DEC		Р	AGE 6,171
MOP024	FEE-FOR-SERVICE										03/14/05
MADERA COUNTY		VICES FOR PUBLIC	ASS:	ISTANCE - TOTAL							, ,
THIBEITT COUNTY	SOLUTION OF SELL	1020 1011 102210 1		101111			N	тиор	HLY AVERA	GE	
157,747 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΔV	ERAGE COST					COST PER
137,717 66101060	OBLIND	OR DAYS OF CARE		LM BND1101		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14,385		\$	11,323,012.43		166.38	.431		787.14		71.78
COMM HOSP INPATIENT TOTAL						1491.98					
		6,247		-,,							
HSC HOSPITALS	729	4,017		6,008,366.72		1495.73	.025		8241.93		38.09
NON-HSC HOSPITALS TOTAL	400	2,230		3,029,316.04		1358.44	.014		7573.29		19.20
ACCOMMODATIONS	400	2,230		924,487.30		414.57	.014		2311.22		5.86
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.000		693.90		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	399	2,227		923,793.40		414.82	.014		2315.27		5.86
ANCILLARIES	400	0		2,104,828.74		.00	.000		5262.07		13.34
INPATIENT CROSSOVERS	340	0		282,727.30		.00	.000		831.55		1.79
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	13,420	61,808		2,002,602.37		32.40	.392		149.23		12.70
MEDICAL	3,091	5,736		299,037.95		52.13	.036		96.74		1.90
SURGERY	1,172	1,476		100,610.87		68.16	.009		85.85		.64
PATHOLOGY	3 , 990	17,293		203,732.84		11.78	.110		51.06		1.29
RADIOLOGY	3,527	4,950		400,456.86		80.90	.031		113.54		2.54
ROOM USE	6,924	9,555		390,206.50		40.84	.061		56.36		2.47
CROSSOVERS/ALL OTH OUTPTNT		22,798		608,557.35		26.69	.145		94.64		3.86
@STATE HOSPITAL	0		\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т	.00	т	.00	.000	Τ.	.00	Τ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	775	•	\$	2,787,886.16	\$	146.27		Ġ	3597.27	Ś	17.67
LEV A-INTERMEDIATE	0	13,000	~	.00	Y	.00	.000	Ψ	.00	Ψ	.00
LEV B-REHAB MD	43	1,326		166,048.47		125.23	.008		3861.59		1.05
		146				344.63	.003		8385.95		.32
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	_	219		50,315.67 107,597.91		491.31	.001		17932.99		.68
	6 0 722 270	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	722	17 , 369									
LEV B-REGULAR	122		<u>_</u>	2,463,924.11	Ċ	141.86	.110	Ċ	3412.64	Ċ	15.62
@INTERMEDIATE CARE FACILDD	270		\$		\$	205.19		\$	6379.19	\$	10.92
ICF DDH	24	728		123,438.26		169.56	.005		5143.26		.78
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	246	7,666		1,598,943.55		208.58	.049		6499.77		10.14
@HEMODIALYSIS TOTAL	491	•	\$	301,382.72	Ş	113.52		Ş	613.81	Ş	1.91
HOSPITAL BASED	1	2		5,228.04		2614.02	.000		5228.04		.03
HEMODIALYSIS CENTER	490	2 , 653		296,154.68		111.63	.017		604.40		1.88
@REHABILITATION FACILITY	249		\$	27,541.23	\$			\$	110.61	\$.17
HOSPITAL BASED	242	800		27 , 181.66		33.98	.005		112.32		.17
INDEPENDENT FACILITY	7	20		359.57		17.98	.000		51.37		.00
@LABORATORY FACILITY	5 , 143		\$	242,379.17	\$.137	\$	47.13	\$	1.54
PATHOLOGY	5,113	21,485		241,556.50		11.24	.136		47.24		1.53
XO AND OTHERS	30	54		822.67		15.23	.000		27.42		.01
@ORGANIZED OUTPATIENT CLINIC	26,714	43,039	\$	5,340,481.29	\$	124.08	.273	\$	199.91	\$	33.85
CLINIC	26,714 856 354	3,370		76,306.16		22.64	.021		89.14		.48
SURGICENTER	354	1,417		53,659.37		37.87	.009		151.58		.34
HEROIN DETOX CLINIC	23	227		2,610.09		11.50	.001		113.48		.02
RURAL HEALTH CLINIC	25,752	38,025		5,207,905.67		136.96	.241		202.23		33.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	S M		EPOR'			DEC	2004	Ε	PAGE 6,172
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
MADERA COUNTY		JICES FOR PUBLIC AS	SSI	STANCE - TOTAL							, ,
							M	ONT	HLY AVERA	GE	
157,747 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY				COST PER
•		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	12 , 633 757		\$	1,733,886.02	\$		10.512			Ś	10.99
DURABLE MED. EQUIP.	757	2,145	т	290,768.69	4	135.56	.014	4	384.11	4	1.84
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	93	140		42,371.95		302.66	.001		455.61		.27
MEDICAL TRANSPORTATION	1,698	88,267		434,890.01		4.93	.560		256.12		2.76
AMBULANCES/AIR TRANS	1,318	21,773		230,943.04		10.61	.138		175.22		1.46
OTHER TRANS	368	65,728		187,382.26		2.85	.417		509.19		1.19
OTHER TRANS OTHER SERVICES	71	766		16,564.71		21.62	.005		233.31		.11
ACUPUNCTURE	14	33		567.69		17.20			40.55		
	91						.000				.00
ADULT DAY HEALTH CARE CTR		1,329		92,262.58		69.42	.008		1013.87		.58
GENETIC DISEASE TESTING	91	91		9,555.00		105.00	.001		105.00		.06
IHMC, MODEL-NF, NF, AIDS, MSSP	297	1,448		110,031.88		75.99	.009		370.48		.70
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

2,271

0

OPTICIAN

PHYSICAL THERAPIST

5,088

55,629.10

.00

10.93

.00

.032

.000

24.50

.00

.35

.00

PORTABLE X-RAY	29	60	728.44	12.14	.000	25.12	.00
PROSTHETIST/ORTHOTISTS	128	362	43,966.45	121.45	.002	343.49	.28
PROSTHETICS	126	360	43,883.54	121.90	.002	348.28	.28
ORTHOTICS	2	2	82.91	41.46	.000	41.46	.00
PSYCHOLOGIST	24	89	5,420.22	60.90	.001	225.84	.03
SPEECH AND AUDIOLOGY	237	634	64 , 190.95	101.25	.004	270.85	.41
HOSPICE SERVICES	7	194	23,604.55	121.67	.001	3372.08	.15
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3 , 565	53 , 138	281,012.50	5.29	.337	78.83	1.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,082	1,505,141	278 , 886.01	.19	9.541	68.32	1.77
@CALIF. CHILDREN SERVICES*	1,572	41,449	\$ 3,599,516.30	\$ 86.84	.263	\$ 2289.77	\$ 22.82
@XOVER EXCLUDING STATE HOSP**	11,009	132,100	\$ 1,524,769.86	\$ 11.54	.837	\$ 138.50	\$ 9.67

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,173
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

						MC	NTHLY AVERA	AGE
5,452 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,486	206,173	\$	1,957,327.89	\$ 9.49	37.816	\$ 436.32	\$ 359.01
@PHYSICIANS SERVICES	1,064	3 , 535	\$	99,894.53	\$ 28.26	.648	\$ 93.89	\$ 18.32
OUTPATIENT VISITS	229	335		13,265.89	39.60	.061		2.43
OFFICE VISITS	203	296		10,295.64	34.78	.054	50.72	1.89
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	34	38		2,924.49	76.96	.007	86.01	.54
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		45.76	45.76	.000	45.76	.01
INPATIENT VISITS	27	153		6,919.14	45.22	.028	256.26	1.27
HOSPITAL VISITS	18	128		5,301.94	41.42	.023	294.55	.97
CRITICAL CARE	4	9		906.30	100.70	.002	226.58	.17
SNF/ICF/TRANS IP CARE	10	16		710.90	44.43	.003	71.09	.13
OPHTHALMOLOGICAL SERVICES	43	49		1,503.89	30.69	.009	34.97	.28
EXAMINATIONS	43	49		1,503.89	30.69	.009	34.97	.28
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	30		2,268.71	75.62	.006	189.06	.42
PRINCIPAL SURGEON	8	11		1,714.96	155.91	.002	214.37	.31
ASSISTANT SURGEON	1	1		101.08	101.08	.000	101.08	.02
ANESTHESIOLOGIST	4	18		452.67	25.15	.003	113.17	.08
OUTPATIENT SURGERY	53	105		20,981.93	199.83	.019	395.89	3.85
PRINCIPAL SURGEON	43	52		19,353.43	372.18	.010	450.08	3.55
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	53		1,628.50	30.73	.010	125.27	.30
DIALYSIS	1	2		144.32	72.16	.000	144.32	.03
PATHOLOGY	102	181		2 , 671.27	14.76	.033	26.19	.49
RADIOLOGY	119	206		5,695.73	27.65	.038	47.86	1.04
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	15		7,530.60	502.04	.003	537.90	1.38
OTHER SERVICES/ALL X-OVERS	776	2,459		38,913.05	15.82	.451	50.15	7.14
@PHARMACY	3,605	169,612	\$	1,067,416.51	\$ 6.29	31.110	\$ 296.09	\$ 195.78
PRESCRIPTION DRUGS	3,486	13,762		1,019,592.71	74.09	2.524	292.48	187.01

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF OUTPATIENTS	85 3 , 415	561 13,201		29,250.46 990,342.25	75	.14 .103 .02 2.421	290.	00	5.37 181.65
MEDICAL SUPPLIES	569	155 , 850		47,823.80		.31 28.586			8.77
@DENTIST	215	949	\$	39 , 110.25		.21 .174	•		
VISITS - DIAGNOSTIC	147	593		6 , 504.25	10	.97 .109	44.3	25	1.19
ORAL SURGERY	32	89		5 , 920.00	66	.52 .016	185.	0.0	1.09
DRUGS	0	0		.00		.000	. (0.0	.00
ANESTHESIA	0	0		.00		.00	. (0.0	.00
PERIODONTICS	19	19		1,741.00	91	.63 .003	91.	53	.32
ENDODONTICS	7	9		1,556.00	172	.89 .002	222.	29	.29
RESTORATIVE DENTISTRY	39	110		6,537.00	59	.43 .020	167.	52	1.20
PROSTHETICS	1	1		30.00	30	.000	30.	0.0	.01
DENTURES, STAYPLATES	49	110		16,822.00	152	.93 .020	343.	31	3.09
SPACE MAINTAINERS	0	0		.00		.00	. (0.0	.00
MAXILLOFACIAL SERVICES	0	0		.00		.000	. (0.0	.00
FRACTURES, DISLOCATIONS	0	0		.00		.000	. (0.0	.00
ORTHODONTIC SERVICES	0	0		.00		.000	. (0.0	.00
ALL OTHER SERVICES	5	18		.00		.00 .003		0.0	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES MON	TH-OF-PAYMENT RE	EPORT FOR	JAN 2004 THRU	DEC 2004		PAGE 6,174
MOP024	FEE-FOR-SERVICE/DENT	ΓAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR MN - N	o soc -	- AGED AID	CODE 14	lH 1U 1X			
							MONTHLY AV	ERAGE	

							MC	TNC	HLY AVERA	GΕ	
5,452 ELIGIBLES	USERS	UNITS OF SERVICE	<u>c</u>	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3 1	COST PER		COST PER
		OR DAYS OF CARE	<u>c</u>		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	89	205	\$	4,136.57	\$	20.18	.038	\$	46.48	\$.76
DIAGNOSTIC AND ANC. PROCED	12	14		450.95		32.21	.003		37.58		.08
EYE APPLIANCES	52	138		2,306.92		16.72	.025		44.36		.42
OTHER OPTOMETRIC SERVICES	33	53		1,378.70		26.01	.010		41.78		.25
@CHIROPRACTOR	8	13	\$	162.18	\$	12.48	.002	\$	20.27	\$.03
VISITS	2	5		83.60		16.72	.001		41.80		.02
OTHER SERVICES	6	8		78.58		9.82	.001		13.10		.01
@PODIATRIST	40	58	\$	622.72	\$	10.74	.011	\$	15.57	\$.11
MEDICINE/INJECTIONS	7	7		211.50		30.21	.001		30.21		.04
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	33	51		411.22		8.06	.009		12.46		.08
@HOME HEALTH AGENCY	8	30	\$	2,067.46	\$	68.92	.006	\$	258.43	\$.38
NURSE ANESTHESIST	1	7	\$	115.93	\$	16.56	.001	\$	115.93	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	449	1 , 955	\$	269,825.69	\$.359	\$	600.95	\$	49.49
HOSP INPATIENT TOTAL	60	99		213,523.44		2156.80	.018		3558.72		39.16
HSC HOSPITALS	11	44		46,401.66		1054.58	.008		4218.33		8.51
NON-HSC HOSPITAL TOTAL	5	55		129,214.16		2349.35	.010		25842.83		23.70
ACCOMMODATIONS	5	55		40,353.75		733.70	.010		8070.75		7.40
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	55				733.70	.010		8070.75		7.40
ANCILLARIES	5	0		88,860.41		.00	.000		17772.08		16.30
INPATIENT CROSSOVERS	44	0		37 , 907.62		.00	.000		861.54		6.95
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	406	1,856		56,302.25		30.34	.340		138.68		10.33
MEDICAL	43	68		3,612.12		53.12	.012		84.00		.66
SURGERY	20	23		3,894.61		169.33	.004		194.73		.71
PATHOLOGY	69	274		3,356.06		12.25	.050		48.64		.62

RADIOLOGY	77	110		12,190.57		110.82	.020	158.32		2.24
ROOM USE	47	72		3,840.62		53.34	.013	81.72		.70
CROSSOVERS/ALL OTH OUTPINT	296	1,309		29,408.27		22.47	.240	99.35		5.39
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		-	JRES MO	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2004 THRU I	EC 2004	P	AGE 6,175
MOP024	FEE-FOR-SERVICE/									03/14/05
MADERA COUNTY	SUMMARY OF SERVI	CES FOR MN - 1	NO SOC	- AGED AID	CODE	14 1H 1U				
								NTHLY AVERA	-	
5,452 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CAL				UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	449	1,955	\$	269,825.69		138.02		•	\$	49.49
COMM HOSP INPATIENT TOTAL	60	99		213,523.44		2156.80		3558.72		39.16
HSC HOSPITALS	11	44		46,401.66		1054.58	.008	4218.33		8.51
NON-HSC HOSPITALS TOTAL	5	55		129,214.16	4	2349.35		25842.83		23.70
ACCOMMODATIONS	5	55		40,353.75		733.70	.010	8070.75		7.40

ADMINITORD ARTIC DAVIC	0	0		0.0		.00	.000	.00		.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00			.000	.00		.00
	U	-				.00				
ALL OTHER ACCOM	5	55		40,353.75		733.70	.010	8070.75		7.40
ANCILLARIES	5	0		88,860.41		.00	.000	17772.08		16.30
INPATIENT CROSSOVERS	44	0		37 , 907.62		.00	.000	861.54		6.95
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	406	1,856		56,302.25		30.34	.340	138.68		10.33
MEDICAL	43	. 68		3,612.12		53.12	.012	84.00		.66
SURGERY	20	23		3,894.61		169.33	.004	194.73		.71
PATHOLOGY	69	274		3,356.06		12.25	.050	48.64		.62
RADIOLOGY	77	110		12,190.57		110.82	.020	158.32		2.24
	47	72				53.34	.013	81.72		.70
ROOM USE	= :			3,840.62						
CROSSOVERS/ALL OTH OUTPTNT		1,309		29,408.27		22.47	.240	99.35		5.39
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	94	1,425	\$	285,398.54	\$	200.28	.261	3036.15	\$	52.35
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	4	91		42,177.69		463.49	.017	10544.42		7.74
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
	90	•								
LEV B-REGULAR		1,334	<u>^</u>	243,220.85	<u> </u>	182.32	.245	2702.45	<u>^</u>	44.61
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	27	38	\$	14,309.43	\$	376.56	.007	529.98	\$	2.62
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	27	38		14,309.43		376.56	.007	529.98		2.62
@REHABILITATION FACILITY	1	1	Ś	96.24	\$	96.24	.000		Ś	.02
HOSPITAL BASED	_ 1	1		96.24		96.24	.000	96.24		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	92	425	\$	4,348.86	\$	10.23	.078		Ċ	.80
	91	424	Y		Y	10.25	.078	47.75	Y	.80
PATHOLOGY	91			4,345.01						
XO AND OTHERS	-	1	_	3.85	_	3.85	.000	3.85	_	.00
@ORGANIZED OUTPATIENT CLINIC	761	1,280	\$	92,303.14	\$	72.11	.235		\$	16.93
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	9	36		1,390.32		38.62	.007	154.48		.26
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	753	1,244		90,912.82		73.08	.228	120.73		16.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU DE	C 2004	P2	AGE 6,176
MOP024	FEE-FOR-SERVICE	/DENTAL								03/14/05
MADERA COUNTY	SUMMARY OF SERV	TCES FOR MN - N	IO SOC	- AGED AID	CODE	: 14 1H 1U	1 X			
							MON	THLY AVERA	GE -	
5,452 ELIGIBLES	USERS	UNITS OF SERVIC	TE.	EXPENDITURES	Δ1/F	RAGE COST	UNITS/DAYS	COST PER		COST PER
0,102 221012220	00210	OR DAYS OF CAR		EMPTIONES			PER ELIG	USER		ELIGIBLE
GALL OHIED DDOLLDEDG	651			77 510 04						
@ALL OTHER PROVIDERS	651	26,640	\$	77,519.84	\$	2.91	4.886		Þ	14.22
DURABLE MED. EQUIP.	16	50		1,576.03		31.52	.009	98.50		.29
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	25	34		9,056.67		266.37	.006	362.27		1.66
MEDICAL TRANSPORTATION	73	1,541		8,104.86		5.26	.283	111.03		1.49
AMBULANCES/AIR TRANS	35	430		5,070.57		11.79	.079	144.87		.93
OTHER TRANS	32	1,052		2,748.57		2.61	.193	85.89		.50
OTHER SERVICES	9	59		285.72		4.84	.011	31.75		.05
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
	-	· ·		. 3 0						

ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	84	437	31,357.54		71.76	.080		373.30	5.75
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		.00	.00
OPTICIAN	112	269	3,149.44		11.71	.049		28.12	.58
PHYSICAL THERAPIST	0	0	.00		.00	.000		.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	3	6	331.07		55.18	.001		110.36	.06
PROSTHETICS	3	6	331.07		55.18	.001		110.36	.06
ORTHOTICS	0	0	.00		.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	21	37	6,687.00	1	.80.73	.007		318.43	1.23
HOSPICE SERVICES	2	39	4,431.18	1	13.62	.007	2	215.59	.81
NONINST BIRTHING CENTERS	0	0	.00		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	373	24,227	12,826.05		.53	4.444		34.39	2.35
@CALIF. CHILDREN SERVICES*	2	2	\$ 118.75	\$	59.38	.000	\$	59.38	\$.02
@XOVER EXCLUDING STATE HOSP**	1,277	6 , 792	\$ 211,092.81	\$	31.08	1.246	\$	165.30	\$ 38.72

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,177
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

MADEILA COUNTI	DOMINANT OF DEIN	VICED FOR THE NO DOC	DHIND	AID CODE	27		
					MON	THLY AVERAC	SE
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	13	50 \$	2,689.21	\$ 53.78	6.250 \$	206.86	\$ 336.15
@PHYSICIANS SERVICES	1	1 \$	4.11	\$ 4.11	.125 \$	4.11	\$.51
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		4.11		4.11	.125		4.11		.51
@PHARMACY	7	34	\$	1,930.91	\$	56.79	4.250	\$	275.84	\$	241.36
PRESCRIPTION DRUGS	7	31		1,913.03		61.71	3.875		273.29		239.13
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	7	31		1,913.03		61.71	3.875		273.29		239.13
MEDICAL SUPPLIES	1	3		17.88		5.96	.375		17.88		2.24
@DENTIST	1	2	\$	158.00	\$	79.00	.250	\$	158.00	\$	19.75
VISITS - DIAGNOSTIC	1	1		40.00		40.00	.125		40.00		5.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00	1	18.00	.125		118.00		14.75
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-C	F-PAYMENT RE	EPORT F	FOR JAN	2004 THRU	DEC	2004	PA	GE 6,178
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

THIBBIUT COCKTI	DOIMMING OF DERO	VIOLO IOIN IIIV INO	DELIND		TIED CODE	2 1				
						MC	TNC	HLY AVERA	GΕ	
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

MADERA COUNTY

INPATIENT CROSSOVERS	0	0	.00)	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00)	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00)	.00	.000	.00		.00
MEDICAL	0	0	.00)	.00	.000	.00		.00
SURGERY	0	0	.00)	.00	.000	.00		.00
PATHOLOGY	0	0	.00)	.00	.000	.00		.00
RADIOLOGY	0	0	.00)	.00	.000	.00		.00
ROOM USE	0	0	.00)	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00)	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00) \$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00)	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	Ö	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES						PAGE	6,179
MOP024									
MOP024 MADERA COUNTY	FEE-FOR-SERVICE				AID CODE				/14/05
	FEE-FOR-SERVICE	/DENTAL				24	NTHLY AVERA	03	/14/05
	FEE-FOR-SERVICE	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE		A S AVERA	AID CODE	24 MOI UNITS/DAYS	NTHLY AVERA COST PER	03 GE COST	/14/05 PER
MADERA COUNTY 08 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE	SOC - BLIND EXPENDITURE:	A S AVERA PER U	AID CODE AGE COST JNIT/DAY	24 MOI UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER	03 GE COST ELIG	/14/05 PER IBLE
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	SOC - BLIND EXPENDITURE:	A AVERA PER U	AID CODE AGE COST UNIT/DAY .00	24 MOI UNITS/DAYS PER ELIG .000	NTHLY AVERA COST PER USER \$.00	03 GE COST ELIG	/14/05 PER IBLE .00
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE	SOC - BLIND EXPENDITURE: .00	A AVERA PER U	AGE COST UNIT/DAY .00 .00	24 MOI UNITS/DAYS PER ELIG .000	NTHLY AVERA COST PER USER \$.00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00	AVERA PER U) \$	AGE COST NIT/DAY .00 .00	24 MOI UNITS/DAYS PER ELIG .000 .000	NTHLY AVERA COST PER USER \$.00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00	A AVERA PER U \$	AGE COST UNIT/DAY .00 .00 .00	24 MOI UNITS/DAYS PER ELIG .000 .000 .000	NTHLY AVERA COST PER USER \$.00 .00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00 .00
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES OU OU OU OU OU OU OU OU OU O	A AVERA PER U \$	AGE COST UNIT/DAY .00 .00 .00	24 MOI UNITS/DAYS PER ELIG .000 .000 .000	NTHLY AVERA COST PER USER \$.00 .00 .00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00 .00 .00
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES OU OU OU OU OU OU OU OU OU O	A AVERA PER U \$	AGE COST UNIT/DAY .00 .00 .00 .00	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00 .00 .00 .00
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES OU OU OU OU OU OU OU OU OU O	AVERA PER U \$	AGE COST UNIT/DAY .00 .00 .00 .00 .00	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00 .00 .00 .00 .00
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES OU OU OU OU OU OU OU OU OU O	A AVERA PER U \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES OU OU OU OU OU OU OU OU OU O	AVERA PER U \$)))	AID CODE AGE COST INIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U) \$)))))))	AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U) \$)))))))	AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITURE: 0 .00 0.00 0.00 0.00 0.00 0.00 0.00 0	AVERA PER U) \$)))))))))))	AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .0	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITURES SOC - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U) \$))))))))))))	AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .0	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITURES SOC - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U	AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .0	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITURES SOC - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U	AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .0	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES SOC - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U	AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .0	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG \$	/14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITURES SOC - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U	AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .0	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	/14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES OU OU OU OU OU OU OU OU OU O	AVERA PER U \$ O O O O O O O O O O O O O O O O O O	AID CODE AGE COST INIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG \$	/14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITURES SOC - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U \$ O O O O O O O O O O O O O O O O O O	AID CODE AGE COST INIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG \$	/14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 08 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES SOC - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U \$ O O O O O O O O O O O O O O O O O O	AID CODE AGE COST INIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .	24 MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG \$	/14/05 PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	11	\$	340.72	\$	30.97	1.375	\$	113.57	\$	42.59
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	11		340.72		30.97	1.375		113.57		42.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MO	ONTH-OF-PAYMENT R	EPORT	' FOR JAN :	2004 THRU	DEC	2004	P	AGE 6,180
MOP024	FEE-FOR-SERVICE/D										03/14/05
MADERA COUNTY	SUMMARY OF SERVIC	ES FOR MN - NO	SOC	- BLIND		AID CODE	24				
									HLY AVERA	-	
08 ELIGIBLES		NITS OF SERVICE		EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$	255.47	\$	127.74	.250	\$	255.47	\$	31.93
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0		.00		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00	.00
OTHER TRANS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	.00
OPTICIAN	1	2		255.47	127	.74	.250	255.47	7 31.93
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00		.00	.000) \$.00
@XOVER EXCLUDING STATE HOSP**	3	6	\$	277.46	\$ 46	.24	.750	\$ 92.49	9 \$ 34.68
O# MOMATO TAL MUDOD TIMES ADD CITIES	, до д опрараши з	STEADARA MEANT	TITING ONTE SE						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,181
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

MADEINA COUNTI	DOMINANT OF DEIN	ATCHO LOLL LIN INO DOC	DISADED 04 (00 011 00 00 02	00		
					MOI	NTHLY AVERA	GE
2,722 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,736	89,487 \$	1,939,731.41	\$ 21.68	32.875	\$ 708.97	\$ 712.61
@PHYSICIANS SERVICES	641	2 , 697 \$	81,341.76	\$ 30.16	.991	\$ 126.90	\$ 29.88
OUTPATIENT VISITS	139	224	8,260.03	36.88	.082	59.42	3.03
OFFICE VISITS	92	154	4,591.72	29.82	.057	49.91	1.69
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	35	44	2,786.05	63.32	.016	79.60	1.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	20	26	882.26	33.93	.010	44.11	.32
INPATIENT VISITS	25	188	7,901.76	42.03	.069	316.07	2.90
HOSPITAL VISITS	24	176	6 , 586.16	37.42	.065	274.42	2.42
CRITICAL CARE	2	10	1,216.00	121.60	.004	608.00	.45
SNF/ICF/TRANS IP CARE	1	2	99.60	49.80	.001	99.60	.04
OPHTHALMOLOGICAL SERVICES	13	13	373.17	28.71	.005	28.71	.14
EXAMINATIONS	13	13	373.17	28.71	.005	28.71	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	56	13,019.04	232.48	.021	650.95	4.78
PRINCIPAL SURGEON	18	30	12,351.05	411.70	.011	686.17	4.54
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	26	667.99	25.69	.010	167.00	.25

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PRINCIPAL SURGEON	16	21	3,57		170.16	.008	223.34		1.31
ASSISTANT SURGEON	10	0	•	.00	.00		.00		.00
ANESTHESIOLOGIST	0 3 28 52	259	76	1 50	2.94	.095	253.86		.28
DIALYSIS	20		7,60	6 76	2.94		233.00		2.79
PATHOLOGY	52	88 126	1,58	8 05	86.44 12.60	.046	271.67 30.54		.58
RADIOLOGY	68	258	6,79		26 34	.095	99.93		2.50
PSYCHIATRY	00	236	0,79		26.34	.000	.00		.00
IMMUNIZATION AND INJECTION	1 2	0 320 1,144 53,175	9,28	.00	29.01	.118	714.08		3.41
OTHER SERVICES/ALL X-OVERS	136	1 1 4 4	22,17		19.39	.420	50.87		8.15
@PHARMACY	2 200	1,144 50 175	1,090,81	9.00	19.39	10 525	\$ 493.81	ċ	400.74
PRESCRIPTION DRUGS	2,209	33,173	1,090,01	9.2/ 7	20.JI	3.644	489.32	Ą	388.29
SNF/ICF	12	9 , 920 78	1,056,93 4,57	J.54	106.55 58.66	.029	381.28		1.68
		9 , 842		5.30	106.92		489.47		
OUTPATIENTS MEDICAL SUPPLIES		43,255	1,052,35 33,88	0.10	.78	15.891	100.56		386.61 12.45
MEDICAL SUPPLIES	337 203					13.891	\$ 172.72	ċ	12.45
				2.70					
VISITS - DIAGNOSTIC	32	629	7,17	7.00	11.41 48.15	.231	50.90 231.74		2.64
ORAL SURGERY		154 3	7,41	5.76	48.13	.057			2.72
DRUGS	1 1	1	4 10	0.00	15.00	.001	45.00 100.00 86.62		.02
ANESTHESIA	26	26	10	0.00	100.00 86.62	.000	100.00		.04
PERIODONTICS		∠6 17	2,25	2.00	86.62	.010	86.62		.83
ENDODONTICS	15	17	2,58	8.00	152.24 60.65	.006	172.53		.95
RESTORATIVE DENTISTRY	58	138	8,37	0.00	60.65	.051	144.31		3.07
PROSTHETICS	2	2	6	0.00	30.00 160.34	.001	30.00		.02
DENTURES, STAYPLATES	22	44	7,05			.016	30.00 320.68 .00		2.59
SPACE MAINTAINERS	0	0 0 0		.00	.00				.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0			.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	6	15		.00	.00	.006	.00		.00
		ES AND EXPENDITURES	S MONTH-OF-PAYM	ENT REPOR	RT FOR JAN 2	2004 THRU L	EC 2004	PA	
	FEE-FOR-SERVICE				· · · · · · · · · · · · · · · · · · ·	0.0			03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO S	SOC - DISABLED	64 6G (6H 6U 6V 6X			~-	
0 500 5005							NTHLY AVERA		
2,722 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDIT						OST PER
	= 0	OR DAYS OF CARE			ER UNIT/DAY				LIGIBLE
@OPTOMETRIST	52	134		5.91 \$	21.91		\$ 56.46	Ş	
DIAGNOSTIC AND ANC. PROCED	26	31	1,10		35.71				.41
EYE APPLIANCES	36	93	1,45		15.62 37.65	.034	40.34		.53
OTHER OPTOMETRIC SERVICES	7	10		6.45	3/.65	.004	53.78		.14
@CHIROPRACTOR	5				16.72	.004			.07
VISITS									.06
OTHER SERVICES	4	10		7.20	16.72	.004	41.80		
@PODIATRIST	1	1	1	6.72	16.72	.000	16.72		.01
	1 31	1 49	1 60	6.72 8.17 \$	16.72 12.41	.000	16.72 \$ 19.62	\$.22
MEDICINE/INJECTIONS	1 31 7	1 49 8	1	6.72 8.17 \$ 5.50	16.72 12.41 29.44	.000 .018 .003	\$ 16.72 \$ 19.62 33.64	\$.22
SURGERY/ANES.	1 31 7 0	1 49 8 0	1 60	6.72 8.17 \$ 5.50	16.72 12.41 29.44 .00	.000 .018 .003 .000	\$ 16.72 \$ 19.62 33.64 .00	\$.22 .09 .00
SURGERY/ANES. RADIO./PATHOLOGY	1 31 7 0 0	1 49 8 0 0	\$ 60 23	6.72 8.17 \$ 5.50 .00	16.72 12.41 29.44 .00	.000 .018 .003 .000	\$ 16.72 \$ 19.62 33.64 .00 .00	\$.22 .09 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER	1 31 7 0 0 24	1 49 8 0 0 41	1 60 23	6.72 8.17 \$ 5.50 .00 .00	16.72 12.41 29.44 .00 .00 9.09	.000 .018 .003 .000 .000	\$ 16.72 19.62 33.64 .00 .00 15.53	\$.22 .09 .00 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	1 31 7 0 0 24 14	1 49 8 0 0 41 2,927	37 8 87,02	6.72 8.17 \$ 5.50 .00 .00 2.67 3.90 \$	16.72 12.41 29.44 .00 .00 9.09 29.73	.000 .018 .003 .000 .000 .015	\$ 16.72 \$ 19.62 33.64 .00 .00 15.53 \$ 6215.99	\$.22 .09 .00 .00 .14 31.97
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	1 31 7 0 0 24 14 9	1 49 8 0 0 41 2,927 153	37 8 87,02 2,10	6.72 8.17 \$ 5.50 .00 .00 2.67 3.90 \$ 7.82 \$	16.72 12.41 29.44 .00 .00 9.09 29.73 13.78	.000 .018 .003 .000 .000 .015 1.075	\$ 16.72 \$ 19.62 33.64 .00 .00 15.53 \$ 6215.99 \$ 234.20	\$ \$.22 .09 .00 .00 .14 31.97 .77
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	1 31 7 0 0 24 14 9	1 49 8 0 0 41 2,927 153 0	37 8 87,02 2,10	6.72 8.17 \$ 5.50 .00 .00 2.67 3.90 \$ 7.82 \$	16.72 12.41 29.44 .00 .00 9.09 29.73 13.78 .00	.000 .018 .003 .000 .000 .015 1.075 .056	\$ 16.72 \$ 19.62 33.64 .00 .00 15.53 \$ 6215.99 \$ 234.20 \$.00	ያን ማ ማ ማ	.22 .09 .00 .00 .14 31.97 .77
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	1 31 7 0 0 24 14 9 0	1 49 8 0 0 41 2,927 153 0	37 87,02 2,10	6.72 8.17 \$ 5.50 .00 .00 2.67 3.90 \$ 7.82 \$.00 \$	16.72 12.41 29.44 .00 .00 9.09 29.73 13.78 .00	.000 .018 .003 .000 .000 .015 1.075 .056 .000	\$ 16.72 \$ 19.62 33.64 .00 .00 15.53 \$ 6215.99 \$ 234.20 \$.00 \$.00	\$ \$ \$ \$ \$ \$.22 .09 .00 .00 .14 31.97 .77 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	1 31 7 0 0 24 14 9 0 0	1 49 8 0 0 41 2,927 153 0 0	1 60 23 37 87,02 2,10	6.72 8.17 \$ 5.50 .00 .00 2.67 3.90 \$ 7.82 \$.00 \$.00 \$	16.72 12.41 29.44 .00 .00 9.09 29.73 13.78 .00 .00	.000 .018 .003 .000 .000 .015 1.075 .056 .000 .000	\$ 16.72 \$ 19.62 33.64 .00 .00 15.53 \$ 6215.99 \$ 234.20 \$.00 \$.00 \$.00	\$ \$ \$ \$ \$ \$ \$ \$.22 .09 .00 .00 .14 31.97 .77 .00 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	1 31 7 0 0 24 14 9 0 0 0	1 49 8 0 0 41 2,927 153 0 0 0 2,095	1 60 23 37 87,02 2,10 337,49	6.72 8.17 \$ 5.50 .00 .00 2.67 3.90 \$ 7.82 \$.00 \$.00 \$.00 \$.00 \$.00 \$	16.72 12.41 29.44 .00 .00 9.09 29.73 13.78 .00 .00	.000 .018 .003 .000 .000 .015 1.075 .056 .000 .000	\$ 16.72 \$ 19.62 33.64 .00 .00 15.53 \$ 6215.99 \$ 234.20 \$.00 \$.00 \$.00 \$.00 \$.00	\$ \$ \$ \$ \$ \$ \$ \$ \$.22 .09 .00 .14 31.97 .77 .00 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	1 31 7 0 0 0 24 14 9 0 0 0 0 351 42	1 49 8 0 0 41 2,927 153 0 0 0 2,095	1 60 23 37 87,02 2,10 337,49 282,55	6.72 8.17 \$ 5.50 .00 .00 2.67 3.90 \$ 7.82 \$.00 \$	16.72 12.41 29.44 .00 .00 9.09 29.73 13.78 .00 .00 .00	.000 .018 .003 .000 .000 .015 1.075 .056 .000 .000 .770	\$ 16.72 \$ 19.62 33.64 .00 .00 15.53 \$ 6215.99 \$ 234.20 \$.00 \$.00 \$.00 \$ 961.52 6727.48	\$ \$ \$ \$ \$ \$ \$ \$ \$.22 .09 .00 .14 31.97 .77 .00 .00 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	1 31 7 0 0 24 14 9 0 0 0	1 49 8 0 0 41 2,927 153 0 0 0 2,095	1 60 23 37 87,02 2,10 337,49	6.72 8.17 \$ 5.50 .00 .00 2.67 3.90 \$ 7.82 \$.00 \$	16.72 12.41 29.44 .00 .00 9.09 29.73 13.78 .00 .00	.000 .018 .003 .000 .000 .015 1.075 .056 .000 .000	\$ 16.72 \$ 19.62 33.64 .00 .00 15.53 \$ 6215.99 \$ 234.20 \$.00 \$.00 \$.00 \$.00 \$.00	\$ \$ \$ \$ \$ \$ \$ \$ \$.22 .09 .00 .14 31.97 .77 .00 .00

OUTPATIENT SURGERY

18 280 4,335.02 15.48 .103 240.83 1.59

NON-HSC HOSPITAL TOTAL	7	34		58,181.74			.012		8311.68		21.37
ACCOMMODATIONS	7	34		14,596.20	42	29.30			2085.17		5.36
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	34		14,596.20			.012		2085.17		5.36
ANCILLARIES	7	0		43,585.54		.00	.000		6226.51		16.01
INPATIENT CROSSOVERS	21	0		17,273.19		.00	.000		822.53		6.35
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	323	1,881				29.21			170.09		20.18
MEDICAL	39	62		2,292.75		36.98	.023		58.79		.84
SURGERY	7	7		822.09	13	L7.44	.003		117.44		.30
PATHOLOGY	58	249		2,674.83	-	LO.74	.091		46.12		.98
RADIOLOGY	38	91		6,430.52	-	70.67	.033		169.22		2.36
ROOM USE		80		3,512.82	4	13.91	.029		61.63		1.29
CROSSOVERS/ALL OTH OUTPTNT	244	1,392		39,207.47	,	28.17	.511		160.69		14.40
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURE	S MONTH-	OF-PAYMENT R	REPORT FO	OR JAN 200	4 THRU	DEC	2004	PAG	E 6,183
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	NN - NO	SOC - DIS	SABLED 64	6G 6H 60						
							N	IONTH	LY AVERA	.GE	

2,722 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 351 2,095 \$ 161.10 .770 \$ 961.52 \$ 123.99 @COMMUNITY HOSPITAL TOTAL 337,494.77 42 214 282,554.29 1320.35 .079 COMM HOSP INPATIENT TOTAL 6727.48 103.80 180 207,099.36 1150.55 14792.81 76.08 HSC HOSPITALS 14 .066 58,181.74 NON-HSC HOSPITALS TOTAL 34 1711.23 .012 8311.68 21.37 14,596.20 429.30 2085.17 5.36 ACCOMMODATIONS .012 0 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 0 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM 34 14,596.20 429.30 .012 2085.17 5.36 ANCILLARIES 0 43,585.54 .00 6226.51 .000 16.01 INPATIENT CROSSOVERS 21 0 17,273.19 .00 .000 822.53 6.35 0 0 .00 .00 ALL OTHER INPATIENT .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 323 1,881 54,940.48 29.21 170.09 20.18 .691 MEDICAL 39 62 2,292.75 36.98 .023 58.79 .84 7 7 .30 SURGERY 822.09 117.44 .003 117.44 58 249 2,674.83 10.74 46.12 .98 PATHOLOGY .091 38 91 6,430.52 70.67 .033 169.22 RADIOLOGY 2.36 ROOM USE 57 3,512.82 43.91 .029 61.63 1.29

CROSSOVERS/ALL OTH OUTPINT	244	1,392		39,207.47		28.17	.511		160.69		14.40
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	7	229	\$	38,484.07	\$	168.05	.084	\$	5497.72	\$	14.14
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	1	21		2,631.72		125.32	.008		2631.72		.97
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	208		35,852.35		172.37	.076		5975.39		13.17
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	88	1,265	\$	101,038.60	\$	79.87	.465	\$	1148.17	\$	37.12
HOSPITAL BASED	1	2		4,661.79		2330.90	.001		4661.79		1.71
HEMODIALYSIS CENTER	87	1,263		96,376.81		76.31	.464		1107.78		35.41
@REHABILITATION FACILITY	2	3	\$	249.90	\$	83.30	.001	\$	124.95	\$.09
HOSPITAL BASED	2	3		249.90		83.30	.001		124.95		.09
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	74	506	\$	5,182.20	\$	10.24	.186	\$	70.03	\$	1.90
PATHOLOGY	73	505		5,179.20		10.26	.186		70.95		1.90
XO AND OTHERS	1	1		3.00		3.00	.000		3.00		.00
@ORGANIZED OUTPATIENT CLINIC	502	889	\$	66,517.50	\$	74.82	.327	\$	132.50	\$	24.44
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	13	41		1,801.14		43.93	.015		138.55		.66
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	492	848		64,716.36		76.32	.312		131.54		23.78
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES I	MONTH-OF-PAYMENT R	REPOR	T FOR JAN 2	2004 THRU	DEC	2004	Pi	AGE 6,184
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR MN - N	os c	C - DISABLED 64	6G 6	H 6U 6V 6X	8G				
							M	TNO	HLY AVERA	GE ·	
2,722 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG	÷	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	427	24,325	\$	90,680.86	\$	3.73	8.936	\$	212.37	\$	33.31
DURABLE MED. EQUIP.	11	55		5,938.63		107.98	.020		539.88		2.18
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	5	8		2,557.22		319.65	.003		511.44		.94

				11011		.01
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
427	24,325 \$	90,680.86	\$ 3.73	8.936 \$	212.37	\$ 33.31
11	55	5,938.63	107.98	.020	539.88	2.18
0	0	.00	.00	.000	.00	.00
5	8	2,557.22	319.65	.003	511.44	.94
47	2,311	13,631.84	5.90	.849	290.04	5.01
22	329	3,467.08	10.54	.121	157.59	1.27
24	1,977	10,115.18	5.12	.726	421.47	3.72
1	5	49.58	9.92	.002	49.58	.02
0	0	.00	.00	.000	.00	.00
11	48	3,183.33	66.32	.018	289.39	1.17
0	0	.00	.00	.000	.00	.00
1	12	459.61	38.30	.004	459.61	.17
0	0	.00	.00	.000	.00	.00
66	160	1,630.54	10.19	.059	24.71	.60
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
8	57	1,841.29	32.30	.021	230.16	.68
8	57	1,841.29	32.30	.021	230.16	.68
0	0	.00	.00	.000	.00	.00
3	13	18.72	1.44	.005	6.24	.01
2	4	1,266.08	316.52	.001	633.04	.47
	427 11 0 5 47 22 24 1 0 11 0	OR DAYS OF CARE 427 24,325 11 55 0 0 0 5 8 47 2,311 22 329 24 1,977 1 5 0 0 0 11 48 0 0 0 1 1 12 0 0 66 160 0 0 0 8 57 8 57	OR DAYS OF CARE 427	OR DAYS OF CARE PER UNIT/DAY 427 24,325 \$ 90,680.86 \$ 3.73 11 55 5,938.63 107.98 0 0 .00 .00 5 8 2,557.22 319.65 47 2,311 13,631.84 5.90 22 329 3,467.08 10.54 24 1,977 10,115.18 5.12 1 5 49.58 9.92 0 0 .00 .00 11 48 3,183.33 66.32 0 0 .00 .00 1 12 459.61 38.30 0 0 .00 .00 66 160 1,630.54 10.19 0 0 .00 .00 0 0 .00 .00 8 57 1,841.29 32.30 0 0 .00 .00 0 .00 .00	USERS UNITS OF SERVICE OR DAYS OF CARE 427 24,325 \$ 90,680.86 \$ 3.73 8.936 \$ 11 55 5,938.63 107.98 .020 .00 .00 .000 .000 .5 8 2,557.22 319.65 .003 .47 2,311 13,631.84 5.90 .849 .22 329 3,467.08 10.54 .121 .24 1,977 10,115.18 5.12 .726 .1 5 49.58 9.92 .002 .00 .00 .000 .11 48 3,183.33 66.32 .018 .00 .00 .00 .000 .11 48 3,183.33 66.32 .018 .00 .00 .00 .000 .11 48 3,183.33 66.32 .018 .00 .00 .00 .000 .000 .000 .000 .0	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 427 24,325 \$ 90,680.86 \$ 3.73 8.936 \$ 212.37 11 55 5,938.63 107.98 .020 539.88 0 0 .00 .00 .000 .00 5 8 2,557.22 319.65 .003 511.44 47 2,311 13,631.84 5.90 .849 290.04 22 329 3,467.08 10.54 .121 157.59 24 1,977 10,115.18 5.12 .726 421.47 1 5 49.58 9.92 .002 49.58 0 0 .00 .00 .00 .00 11 48 3,183.33 66.32 .018 289.39 0 0 .00 .00 .00 .00 1 12 459.61 38.30 .004 459.61 0 0 .00 .00

HOSPICE SERVICES	1	30		3,939.75	131.33	.011	3939.75	1.45
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	60	5 , 351		12,428.08	2.32	1.966	207.13	4.57
EPSDT SUPPLEMENTAL SERVICE	6	1,135		28,284.20	24.92	.417	4714.03	10.39
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	232	15,141		15,501.57	1.02	5.562	66.82	5.69
@CALIF. CHILDREN SERVICES*	14	2,430	\$	7,047.40	\$ 2.90	.893	\$ 503.39	\$ 2.59
@XOVER EXCLUDING STATE HOSP**	753	5 , 825	\$	120,521.54	\$ 20.69	2.140	\$ 160.06	\$ 44.28
0* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION	ITEM ONLY	;				

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,185 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MADERA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

						MON	ITHLY AVERA	GE
210,061 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	87,841	505,872	\$	26,136,417.06	\$ 51.67	2.408	\$ 297.54	\$ 124.42
@PHYSICIANS SERVICES	31,902	84,287	\$	3,546,801.76	\$ 42.08	.401	111.18	\$ 16.88
OUTPATIENT VISITS	23,149	35 , 257		1,242,531.27	35.24	.168	53.68	5.92
OFFICE VISITS	17,052	22,387		682,210.37	30.47	.107	40.01	3.25
HOME VISITS	1	1		53.68	53.68	.000	53.68	.00
EMERGENCY ROOM	4,422	4,896		269,095.05	54.96	.023	60.85	1.28
PREVENTIVE CARE	10	11		470.95	42.81	.000	47.10	.00
OB VISITS/COMPRE PERI	2,033	7,244		269,492.31	37.20	.034	132.56	1.28
OTHER OUTPATIENT	617	718		21,208.91	29.54	.003	34.37	.10
INPATIENT VISITS	1,309	4,667		302,880.14	64.90	.022	231.38	1.44
HOSPITAL VISITS	1,234	3,413		151,418.65	44.37	.016	122.71	.72
CRITICAL CARE	120	1,113		146,966.29	132.05	.005	1224.72	.70
SNF/ICF/TRANS IP CARE	12	141		4,495.20	31.88	.001	374.60	.02
OPHTHALMOLOGICAL SERVICES	681	781		34,302.01	43.92	.004	50.37	.16

EXAMINATIONS	675	775		34,182.01		44.11	.004		50.64		.16
SERVICES AND MATERIALS	6	6		120.00		20.00	.000		20.00		.00
INPATIENT HOSPITAL SURGERY	1,480	3,995		884,118.40		221.31			597.38		4.21
PRINCIPAL SURGEON	1,140	1,332		/8/ , 888 . 94		591.51	.006		691.13		3.75
ASSISTANT SURGEON	177	176		30,118.80		171.13			170.16		.14
ANESTHESIOLOGIST	350	2,487		66,110.66		26.58	.012		188.89		.31
OUTPATIENT SURGERY	1.892	4,255		301,421.87		70.84	.020		159.31		1.43
PRINCIPAL SURGEON	1,584	1,964		252,142.86		128.38	.009		159.18		1.20
ASSISTANT SURGEON	11	11		252,142.86 2,081.85 47,197.16		189.26	.000		189.26		.01
ANESTHESIOLOGIST	457	2,280		47,197.16		20.70	.011		103.28		.22
DIALYSIS	39	110		9,682.62		88.02	.001		248.27		.05
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY	5,029	8,232		112,045.58		13.61	.039		22.28		.53
RADIOLOGY	6,121	9,105		293,485.52		32.23	.043		47.95		1.40
PSYCHIATRY	Δ	4		208.74		52.19			FO 10		.00
IMMUNIZATION AND INJECTION	936	3,254		208.74 126,879.95 239,245.66		38.99			135.56		.60
	3 066	14,627		239,245.66		16.36	.070		61.88		1.14
@PHARMACY	45,169	132,385		5,272,792.68	\$	39.83		\$	116.73		
PRESCRIPTION DRUGS	44,669	114,459		5,106,256.63		44.61	.545		114.31		24.31
SNF/ICF	35	189		14,043.18 5,092,213.45 166,536.05		74.30	.001		401.23		.07
OUTPATIENTS	44,644	114,270 17,926		5,092,213.45		44.56	.544		114.06 78.15		24.24
MEDICAL SUPPLIES	2,131	17,926		166,536.05		9.29	.085		78.15		.79
@PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC	10,714	62,847	\$	1,447,545.75	\$	23.03	.299	\$	135.11	\$	6.89
VISITS - DIAGNOSTIC	7,415	46,864		491,728.07		10.49	.223		66.32		2.34
ORAL SURGERY	1,607	2,825		168,824.25		59.76			105.06		.80
DRUGS	214	377		6,660.00		17.67	.002		31.12		.03
ANESTHESIA	84	86		8,500.00		98.84			101.19		.04
ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	584	613		8,500.00 52,304.50		85.33	.003		101.19 89.56		.25
ENDODONTICS	637	1,094		141,808.50		129.62	.005		222.62		.68
RESTORATIVE DENTISTRY	3,852	9,733		495,258.80		50.88	.046		128.57		2.36
PROSTHETICS	39	43		1,140.00		26.51			29.23		.01
DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES	()()	327		28,693.96 9,158.00 6,462.17		87.75	.002		286.94 132.72 95.03		.14
SPACE MAINTAINERS	69	9.3		9,158.00		98.47	.000		132.72		.04
MAXILLOFACIAL SERVICES	68	69		6,462.17		93.65	.000		95.03		.03
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	387	437		34,532.50		79.02	.002		89.23		.16
ALL OTHER SERVICES	387 196	286		2,475.00		8.65	.001		12.63		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 6,186
MOP024	FEE-FOR-SERVICE/DE	ENTAL									03/14/05
MADERA COUNTY	SUMMARY OF SERVICE	ES FOR MN-NOS	OC-FAN	1 34 39 3N 3T 3V	54 59	5J 5W-5	Y 6J 7J 7K				
							M	IONTE	HLY AVERA	GΕ	

						M	ON'.	I'HLY AVERA	GE	
210,061 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1,175	2 , 998	\$ 69,024.19	\$	23.02	.014	\$	58.74	\$.33
DIAGNOSTIC AND ANC. PROCED	869	1,008	39,111.76		38.80	.005		45.01		.19
EYE APPLIANCES	727	1,974	29,370.22		14.88	.009		40.40		.14
OTHER OPTOMETRIC SERVICES	15	16	542.21		33.89	.000		36.15		.00
@CHIROPRACTOR	640	1,036	\$ 17,300.20	\$	16.70	.005	\$	27.03	\$.08
VISITS	638	1,034	17,266.76		16.70	.005		27.06		.08
OTHER SERVICES	2	2	33.44		16.72	.000		16.72		.00
@PODIATRIST	297	367	\$ 12,146.26	\$	33.10	.002	\$	40.90	\$.06
MEDICINE/INJECTIONS	289	343	10,657.18		31.07	.002		36.88		.05
SURGERY/ANES.	5	5	823.74		164.75	.000		164.75		.00
RADIO./PATHOLOGY	10	11	185.98		16.91	.000		18.60		.00
OTHER	7	8	479.36		59.92	.000		68.48		.00
@HOME HEALTH AGENCY	67	535	\$ 28,326.13	\$	52.95	.003	\$	422.78	\$.13
NURSE ANESTHESIST	41	683	\$ 8,415.12	\$	12.32	.003	\$	205.25	\$.04

NURSE MIDWIFE	10	15 \$	2,253.27	\$ 150.22	.000 \$	225.33	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	6	15 \$ 0 \$ 8 \$ 54,766 \$ 6,130	221.83	\$ 27.73	.000 \$	36.97	
@TOTAL HOSPITAL	1/1 157	54 766	8,919,252.80	\$ 162.86	.261 \$		\$ 42.46
GIOIRE HORITIAE	1 514	C 120	7 400 206 42	1200 00	.029		
HOSP INPATIENT TOTAL	1,514	6,130	7,409,296.42	1208.69	.029		35.27
HSC HOSPITALS	848	3 , 352	5,224,241.56	1558.54	.016	6160.66	24.87
NON-HSC HOSPITAL TOTAL	674	2 , 778	2,182,426.86	785.61	.013	3238.02	10.39
ACCOMMODATIONS	674	2 , 778	825 , 345.61	\$.00 \$ 27.73 \$ 162.86 1208.69 1558.54 785.61 297.10	.013	1224.55	3.93
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	674	0 2,778	825,345.61	297.10 .00 .00 297.10	.013	.00 1224.55	3.93
ANCILLARIES	673	0	1,357,081.25	.00	.000	2016.47	
HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	3	0	2,628.00	.00	.000	876 00	0.1
ALL OTHER INPATIENT	0	0	.00	. 0.0	.000	. 0.0	.00
HOSP OUTPATTENT TOTAL	13.129	48 - 636	1.509.956 38	31 05	232	115 01	7.19
MEDICAL.	2 725	3 862	184 345 95	47 73	018	67 65	.88
GIDCEDV	1 250	1 574	105 552 31	67 06	007	83 84	.50
DATHOLOCY	1,233	3,862 1,574 17,576 5,273	100,502.51	11 20	.007	40 00	.95
PADIOLOGY	2,044	17 , 370	190,309.34	76.60	.004	104 25	1.92
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	3,873	5,273	825,345.61 1,357,081.25 2,628.00 .00 1,509,956.38 184,345.95 105,552.31 198,509.34 404,366.95 385,200.21 231,981.62 40,935.16 31,780.06 31,780.06 .00	10.09	.025	.00 115.01 67.65 83.84 40.98 104.35	1.92
ROOM USE CROSSOVERS/ALL OTH OUTPINT	7,316	9,539 10,812	385,200.21	40.38	.045	32.03	1.83
CROSSOVERS/ALL OTH OUTPINT	4,993	10,812	231,981.62	21.46	.051	46.46	1.10
@COUNTY HOSPITAL TOTAL	68	314 \$	40,935.16	\$ 130.37	.001 \$	601.99	
CO HOSPITAL INPATIENT TOTAL	7	25	31,780.06	1271.20	.000	4540.01	.15
HSC HOSPITALS	7	25	31 , 780.06	1271.20	.000	4540.01	.15
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	0.0	0.0	000	0.0	
CO HOSP OUTPATTENT TOTAL	65	289	9 155 10	31 68	001	.00 140.85	.04
MEDICAL.	23	36	1 351 <i>A</i> 1	37.54	000	58 76	.01
GIIDCEDV	23	12	1,551.41	37.54	000	19 52	.00
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	20	0.3	1 654 54	.00 31.68 37.54 37.14 17.79 70.27	.000	99.32	.01
PADIOLOGY	20	1.0	1,004.04	70 27	.000	02.73	.01
RADIOLOGI ROOM HOE	14	67	1,335.19	10.27	.000	95.37	.01
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	48	67	2,791.63	41.67 25.43	.000	58.76 49.52 82.73 95.37 58.16 54.37	.01
CROSSOVERS/ALL OIR OUIPINI	29	62	1,576.68		.000	54.3/	.01
#CALIF DEPT OF HEALTH SERV			NTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DEC	2004	
MOP024 MADERA COUNTY	FEE-FOR-SERVICE						03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR MN-NOSOC-FAM	34 39 3N 3T 3V	54 59 5J 5W-5Y			
					MONT		
210,061 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		UNITS OF SERVICE OR DAYS OF CARE 54,452 \$ 6,105		PER UNIT/DAY		USER	
@COMMUNITY HOSPITAL TOTAL	14,097	54,452 \$	8,878,317.64	\$ 163.05	.259 \$	629.80	\$ 42.27
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	1,507	6,105	7,377,516.36		.029	4895.50	35.12
HSC HOSPITALS	841 674	3 327	5,192,461.50	1208.44 1560.70 785.61	.016	6174.15	24.72
NON-HSC HOSPITALS TOTAL	674	2 , 778	2,182,426.86	785.61	.013	3238.02	10.39
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COMM HOSP OUTPATIENT TOTAL	13,070	48,347		1,500,801.28		31.04	.230		114.83		7.14
MEDICAL	2,703	3,826		182,994.54		47.83	.018		67.70		.87
SURGERY	1,250	1,562		105,106.66		67.29	.007		84.09		.50
PATHOLOGY	4,826	17,483		196,854.80		11.26	.083		40.79		.94
RADIOLOGY	3,861	5,254		403,031.76		76.71	.025		104.39		1.92
ROOM USE	7,269	9,472		382,408.58		40.37	.045		52.61		1.82
CROSSOVERS/ALL OTH OUTPTNT	•	10,750		230,404.94		21.43	.051		46.41		1.10
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	17	673	\$	169,673.52	\$	252.12	.003	\$		Ş	.81
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		359		123,808.33		344.87	.002		10317.36		.59
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	314		45,865.19		146.07	.001		9173.04		.22
@INTERMEDIATE CARE FACILDD	5	209	\$	41,146.60	\$			\$		\$.20
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	5	209		41,146.60		196.87	.001		8229.32		.20
@HEMODIALYSIS TOTAL	84	1,496	\$	122,361.88	\$	81.79	.007	\$	1456.69	\$.58
HOSPITAL BASED	1	2		5,228.04		2614.02	.000		5228.04		.02
HEMODIALYSIS CENTER	83	1,494		117,133.84			.007		1411.25		.56
@REHABILITATION FACILITY	128	452	\$	15,364.51	\$	33.99	.002	\$	120.04	\$.07
HOSPITAL BASED	128	452		15,364.51		33.99	.002		120.04		.07
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6,210	23,577	\$	316,077.62	\$	13.41	.112	\$	50.90	\$	1.50
PATHOLOGY	6,167	23,506		311,998.51		13.27	.112		50.59		1.49
XO AND OTHERS	70	71		4,079.11		57.45	.000		58.27		.02
@ORGANIZED OUTPATIENT CLINIC	24,467	40,742	\$	5,777,659.85	\$	141.81	.194	\$	236.14	\$	27.50
CLINIC	1,502	5,505		148,508.69		26.98	.026		98.87		.71
SURGICENTER	263	1,128		48,794.52		43.26	.005		185.53		.23
HEROIN DETOX CLINIC	8	90		1,018.98		11.32	.000		127.37		.00
RURAL HEALTH CLINIC	23,178	34,019		5,579,337.66		164.01	.162		240.72		26.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES MO		EPOR	T FOR JAN 2	004 THRU	DEC	2004	P	AGE 6,188
MOP024	FEE-FOR-SERVICE/DEI	NTAL									03/14/05
MADERA COUNTY	SUMMARY OF SERVICES		OC-FAN	1 34 39 3N 3T 3V 5	54 5	9 5J 5W-5Y	6J 7J 7K				-, , , , -

----- MONTHLY AVERAGE -----210,061 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5,877 98,796 370,053.09 62.97 \$ @ALL OTHER PROVIDERS 3.75 .470 \$ 1.76 120 180.98 DURABLE MED. EQUIP. 368 21,717.37 59.01 .002 .10 0 0 .00 .00 .00 .00 BLOOD BANK .000 0 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 776 MEDICAL TRANSPORTATION 14,126 138,868.42 9.83 .067 178.95 .66 AMBULANCES/AIR TRANS 765 11,488 113,959.50 9.92 .055 148.97 13 2,606 8,431.32 3.24 648.56 OTHER TRANS .012 .04 OTHER SERVICES 16 32 16,477.60 514.93 .000 1029.85 .08 75.69 .00 ACUPUNCTURE 75.69 18.92 .000 1 2 139.16 69.58 139.16 .00 ADULT DAY HEALTH CARE CTR .000 GENETIC DISEASE TESTING 495 497 52,185.00 105.00 .002 105.42 .25 .00 .00 .00 .00 .000 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 1,441 3,139 30,647.06 9.76 21.27 OPTICIAN .015 .15 PHYSICAL THERAPIST .00 .00 .000 .00 .00

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^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,189
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

							M	TNC	HLY AVERA	GE.	
218,243 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	95 , 076	801,582	5	30,036,165.57	\$	37.47	3.673	\$	315.92	\$	137.63
@PHYSICIANS SERVICES	33,608	90,520 \$	5	3,728,042.16	\$	41.18	.415	\$	110.93	\$	17.08
OUTPATIENT VISITS	23,517	35 , 816		1,264,057.19		35.29	.164		53.75		5.79
OFFICE VISITS	17,347	22,837		697,097.73		30.52	.105		40.19		3.19
HOME VISITS	1	1		53.68		53.68	.000		53.68		.00
EMERGENCY ROOM	4,491	4,978		274,805.59		55.20	.023		61.19		1.26
PREVENTIVE CARE	10	11		470.95		42.81	.000		47.10		.00
OB VISITS/COMPRE PERI	2,033	7,244		269,492.31		37.20	.033		132.56		1.23
OTHER OUTPATIENT	638	745		22,136.93		29.71	.003		34.70		.10
INPATIENT VISITS	1,361	5,008		317,701.04		63.44	.023		233.43		1.46
HOSPITAL VISITS	1,276	3,717		163,306.75		43.94	.017		127.98		.75
CRITICAL CARE	126	1,132		149,088.59		131.70	.005		1183.24		.68
SNF/ICF/TRANS IP CARE	23	159		5,305.70		33.37	.001		230.68		.02
OPHTHALMOLOGICAL SERVICES	737	843		36,179.07		42.92	.004		49.09		.17
EXAMINATIONS	731	837		36,059.07		43.08	.004		49.33		.17
SERVICES AND MATERIALS	6	6		120.00		20.00	.000		20.00		.00
INPATIENT HOSPITAL SURGERY	1,512	4,081		899,406.15		220.39	.019		594.85		4.12
PRINCIPAL SURGEON	1,166	1,373		801,954.95		584.09	.006		687.78		3.67
ASSISTANT SURGEON	178	177		30,219.88		170.73	.001		169.77		.14
ANESTHESIOLOGIST	358	2,531		67,231.32		26.56	.012		187.80		.31
OUTPATIENT SURGERY	1,963	4,640		326,738.82		70.42	.021		166.45		1.50
PRINCIPAL SURGEON	1,643	2,037		275,069.73		135.04	.009		167.42		1.26
ASSISTANT SURGEON	11	11		2,081.85		189.26	.000		189.26		.01
ANESTHESIOLOGIST	473	2,592		49,587.24		19.13	.012		104.84		.23
DIALYSIS	68	200		17,433.70		87.17	.001		256.38		.08
PATHOLOGY	5 , 183	8,539		116,304.90		13.62	.039		22.44		.53
RADIOLOGY	6 , 308	9,569		305,976.29		31.98	.044		48.51		1.40
PSYCHIATRY	4	4		208.74		52.19	.000		52.19		.00
IMMUNIZATION AND INJECTION	963	3,589		143,693.58		40.04	.016		149.21		.66
OTHER SERVICES/ALL X-OVERS	5 , 079	18,231		300,342.68		16.47	.084		59.13		1.38
@PHARMACY	50 , 990	355 , 206 \$	5	7,432,959.37	\$	20.93	1.628	\$	145.77	\$	34.06
PRESCRIPTION DRUGS	50,322	138,172		7,184,692.91		52.00	.633		142.77		32.92

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	132	828	47,869.00	57.81	.004	362.64	.22
OUTPATIENTS	50,216	137,344	7,136,823.91	51.96	.629	142.12	32.70
MEDICAL SUPPLIES	3,038	217,034	248,266.46	1.14	.994	81.72	1.14
@DENTIST	11,133	64,827 \$	1,521,876.76	\$ 23.48	.297 \$	136.70	\$ 6.97
VISITS - DIAGNOSTIC	7,704	48,087	505,449.32	10.51	.220	65.61	2.32
ORAL SURGERY	1,671	3,068	182,160.01	59.37	.014	109.01	.83
DRUGS	215	380	6,705.00	17.64	.002	31.19	.03
ANESTHESIA	85	87	8,600.00	98.85	.000	101.18	.04
PERIODONTICS	630	659	56,415.50	85.61	.003	89.55	.26
ENDODONTICS	659	1,120	145,952.50	130.31	.005	221.48	.67
RESTORATIVE DENTISTRY	3 , 949	9,981	510,165.80	51.11	.046	129.19	2.34
PROSTHETICS	42	46	1,230.00	26.74	.000	29.29	.01
DENTURES, STAYPLATES	171	481	52 , 570.96	109.30	.002	307.43	.24
SPACE MAINTAINERS	69	93	9,158.00	98.47	.000	132.72	.04
MAXILLOFACIAL SERVICES	68	69	6,462.17	93.65	.000	95.03	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	387	437	34,532.50	79.02	.002	89.23	.16
ALL OTHER SERVICES	207	319	2,475.00	7.76	.001	11.96	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,190
MOP024	FEE-FOR-SERVICE,	DENTAL					03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SC	OC - TOTAL				
					MON	ITHLY AVERAG	GE
218,243 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1,316	3 , 337 \$	76,096.67	\$ 22.80	.015 \$	57.82	·
DIAGNOSTIC AND ANC. PROCED	907	1,053	40,669.86	38.62	.005	44.84	.19
EYE APPLIANCES	815	2,205	33,129.45	15.02	.010	40.65	.15

2,297.36

17,517.56

17,646.30 \$

13,377.15 \$

128.74

29.08

16.65

16.70

11.70

28.22

79

1,060

1,049

11

474

41.77

27.20

14.30

27.02 \$

36.35 \$

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.005 \$

.002 \$

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653

644

9

368

OTHER OPTOMETRIC SERVICES

@CHIROPRACTOR

OTHER SERVICES

VISITS

@PODIATRIST

MEDICINE/INJECTIONS SURGERY/ANES.	303 5	358 5	11,104.18 823.74	31.02 164.75	.002	36.65 164.75	.05
RADIO./PATHOLOGY	10	11	185.98	16.91	.000	18.60	.00
OTHER	64	100	1,263.25	12.63	.000	19.74	.01
@HOME HEALTH AGENCY	89	3,492 \$	117,417.49		.016 \$	1319.30	\$.54
NURSE ANESTHESIST	51	843 \$		\$ 12.62	.004 \$		
NURSE MIDWIFE	10	15 \$		\$ 150.22	.000 \$		
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$		
FAMILY NURSE PRACTITIONER	6	8 \$		\$ 27.73	.000 \$		
@TOTAL HOSPITAL	14,957	58,816 \$		\$ 161.97		636.93	
HOSP INPATIENT TOTAL	1,616	6,443	7,905,374.15	1226.97	.030	4891.94	36.22
HSC HOSPITALS	873	3,576	5,477,742.58	1531.81	.016	6274.62	25.10
NON-HSC HOSPITAL TOTAL	686	2,867	2,369,822.76	826.59	.013	3454.55	10.86
ACCOMMODATIONS	686	2,867	880,295.56	307.04	.013	1283.23	4.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ö	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	686	2 , 867	880,295.56	307.04	.013	1283.23	4.03
ANCILLARIES	685	0	1,489,527.20	.00	.000	2174.49	6.83
INPATIENT CROSSOVERS	68	0	57,808.81	.00	.000	850.13	.26
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13,858	52,373	1,621,199.11	30.95	.240	116.99	7.43
MEDICAL	2,807	3,992	190,250.82	47.66	.018	67.78	.87
SURGERY	1,286	1,604	110,269.01	68.75	.007	85.75	.51
PATHOLOGY	4,971	18,099	204,540.23	11.30		41.15	.94
RADIOLOGY	3,990	5,474	422,988.04	77.27	.025	106.01	1.94
ROOM USE	7,420	9,691	392,553.65	40.51	.044	52.90	1.80
CROSSOVERS/ALL OTH OUTPINT		13,513	300,597.36	22.25		54.33	1.38
@COUNTY HOSPITAL TOTAL	68	314 \$		\$ 130.37		601.99	
CO HOSPITAL INPATIENT TOTAL		25	31,780.06	1271.20	.000	4540.01	.15
HSC HOSPITALS	7	25	31,780.06	1271.20	.000	4540.01	.15
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	65	289	9,155.10	31.68	.001	140.85	.04
MEDICAL	23	36	1,351.41	37.54	.000	58.76	.01
SURGERY	9	12	445.65	37.14	.000	49.52	.00
PATHOLOGY	20	93	1,654.54	17.79	.000	82.73	.01
RADIOLOGY	14	19	1,335.19	70.27	.000	95.37	.01
ROOM USE	48	67	2,791.63	41.67	.000	58.16	.01
CROSSOVERS/ALL OTH OUTPTNT	29	62	1,576.68	25.43	.000	54.37	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES N		EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,191
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
MADERA COUNTY		/ICES FOR MN - NO SO	C - TOTAL				
					MON	THLY AVERA	GE
218,243 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14,897	58 , 502 \$	9,485,638.10	\$ 162.14	.268 \$		
COMM HOSP INPATIENT TOTAL	1,609	6,418	7,873,594.09	1226.80	.029	4893.47	36.08
HSC HOSPITALS	866	3,551	5,445,962.52	1533.64	.016	6288.64	24.95
NON-HSC HOSPITALS TOTAL	686	2,867	2,369,822.76	826.59	.013	3454.55	10.86
ACCOMMODATIONS	686	2 , 867	880 , 295.56	307.04	.013	1283.23	4.03

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	686	2,867		880,295.56	31	7.04	.013		1283.23		4.03
ANCILLARIES	685	0		1,489,527.20		.00	.000		2174.49		6.83
INPATIENT CROSSOVERS	68	0		57,808.81		.00	.000		850.13		.26
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	13,799	52,084		1,612,044.01		30.95	.239		116.82		7.39
MEDICAL	2,785	3,956		188,899.41		17.75	.018		67.83		.87
SURGERY	1,277	1,592		109,823.36		58.98	.007		86.00		.50
PATHOLOGY	4,953	18,006		202,885.69		11.27	.083		40.96		.93
RADIOLOGY	3,976	5,455		421,652.85		77.30	.025		106.05		1.93
ROOM USE	7,373	9,624		389,762.02		10.50	.044		52.86		1.79
CROSSOVERS/ALL OTH OUTPTNT	•	13,451	<u> </u>	299,020.68		22.23	.062	<u> </u>	54.32	<u> </u>	1.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	<u> </u>	.00	A 0.	.00	.000	<u> </u>	.00	<u> </u>	.00
@NURSING FACILITY	118	2,327	\$	493,556.13	\$ 2	12.10	.011	Ş	4182.68	\$	2.26
LEV A-INTERMEDIATE	0	0		.00	1	.00	.000		.00		.00
LEV B-REHAB MD	1 12	21 359		2,631.72		25.32	.000		2631.72		.01
LEV B-SUBACUTE FREESTANDING				123,808.33		14.87	.002		10317.36		.57
LEV B-SUBACUTE HSPTL BASED	4 0	91		42,177.69	4	53.49	.000		10544.42		.19
LEV B-TRANSITIONAL IP CARE	101	1 056		.00	1 '	.00	.000		.00		.00
LEV B-REGULAR	101 5	1,856	Ċ	324,938.39		75.07	.009	Ċ	3217.21	Ċ	1.49
@INTERMEDIATE CARE FACILDD ICF DDH	0	209	\$	41,146.60	\$ 1	.00		Ş	8229.32	Ş	.19
ICF DDH	0	0		.00			.000		.00		.00
ICF DDN/DDCN	5	209		.00	1	.00	.000				.00
@HEMODIALYSIS TOTAL	199	2 , 799	Ċ	41,146.60		96.87 34.93	.001	ċ	8229.32	ċ	.19 1.09
-	199	2 , 799	\$					Ş	1194.52	Ş	
HOSPITAL BASED	197			9,889.83		72.46 31.51	.000		4944.92		.05 1.04
HEMODIALYSIS CENTER	131	2,795 456	\$	227,820.08				ċ	1156.45	ċ	.07
@REHABILITATION FACILITY	131	456	Ą	15,710.65		34.45 34.45	.002	Ş	119.93 119.93	Ş	.07
HOSPITAL BASED	0	456		15,710.65							
INDEPENDENT FACILITY	6 , 376	24,508	\$.00 325,608.68	\$.00 L3.29	.000 .112	ċ	.00 51.07	ċ	.00 1.49
@LABORATORY FACILITY	6,331	24,300	Ą	321,522.72		L3.29	.112	Ą	50.79	Ą	1.49
PATHOLOGY XO AND OTHERS	72	24 , 433 73		4,085.96		55.97	.000		56.75		.02
@ORGANIZED OUTPATIENT CLINIC	25 , 733	42 , 922	\$			38.32	.197	ċ		ċ	27.20
CLINIC	1,502	5,505	Ą	148,508.69		26.98	.025	Ą	98.87	Ą	.68
SURGICENTER	285	1,205		51,985.98		13.14	.006		182.41		.24
HEROIN DETOX CLINIC	8	90		1,018.98		11.32	.000		127.37		.00
RURAL HEALTH CLINIC	24,426	36 , 122		5,735,307.56		58.78	.166		234.80		26.28
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT RE				DEC		DΖ	AGE 6,192
MOP024	FEE-FOR-SERVICE		KLIO III	ONIII OF TATMENT IX	DIONI I	ON OAN	2004 11110	טבוכ	, 2004	T.F	03/14/05
MADERA COUNTY		ICES FOR MN - NO	2 500	- TOTAL							03/11/03
THIDDIUL COUNTI	BOTHWINT OF BEIN	TODO TON THE	5 500	101111			M	TNO	HLY AVERA	GE -	
218,243 ELIGIBLES	USERS	UNITS OF SERVICE	F.	EXPENDITURES	AVERA	E COST	UNITS/DAY		COST PER		COST PER
210,213 EDICIBED	ODEIRO	OR DAYS OF CAR					PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	6,956	149,763	\$	538,509.26	\$	3.60		\$	77.42		2.47
DURABLE MED. EQUIP.	147	473	τ	29,232.03		51.80	.002	Τ.	198.86	т	.13
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	30	42		11,613.89	2	76.52	.000		387.13		.05
MEDICAL TRANSPORTATION	896	17,978		160,605.12	_	8.93	.082		179.25		.74
AMBULANCES/AIR TRANS	822	12,247		122,497.15		10.00	.056		149.02		.56
OTHER TRANS	69	5,635		21,295.07	•	3.78	.026		308.62		.10
OTHER SERVICES	26	96		16,812.90	1	75.13	.000		646.65		.08
ACUPUNCTURE	1	4		75.69		18.92	.000		75.69		.00
	_	-			•						

ADULT DAY HEALTH CARE CTR	12	50	3,322.49		66.45	.000		276.87	.02	
GENETIC DISEASE TESTING	495	497	52,185.00	1	05.00	.002		105.42	.24	
IHMC, MODEL-NF, NF, AIDS, MSSP	85	449	31,817.15		70.86	.002		374.32	.15	
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		.00	.00	
OPTICIAN	1,620	3 , 570	35,682.51		10.00	.016		22.03	.16	
PHYSICAL THERAPIST	0	0	.00		.00	.000		.00	.00	
PORTABLE X-RAY	0	0	.00		.00	.000		.00	.00	
PROSTHETIST/ORTHOTISTS	61	135	7,316.31		54.19	.001		119.94	.03	
PROSTHETICS	61	135	7,316.31		54.19	.001		119.94	.03	
ORTHOTICS	0	0	.00		.00	.000		.00	.00	
PSYCHOLOGIST	8	40	1,418.45		35.46	.000		177.31	.01	
SPEECH AND AUDIOLOGY	48	100	11,940.41	1	19.40	.000		248.76	.05	
HOSPICE SERVICES	5	79	9,621.63	1	21.79	.000	1	924.33	.04	
NONINST BIRTHING CENTERS	0	0	.00		.00	.000		.00	.00	
LOCAL EDUCATION AGENCIES	2,869	18,036	112,191.29		6.22	.083		39.10	.51	
EPSDT SUPPLEMENTAL SERVICE	7	1 , 155	28 , 850.35		24.98	.005	4	121.48	.13	
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		.00	.00	
ALL OTHER PROVIDERS	825	107 , 155	42,636.94		.40	.491		51.68	.20	
@CALIF. CHILDREN SERVICES*	647	27 , 510	\$ 1,907,767.72	\$	69.35	.126	\$ 2	948.64	\$ 8.74	
@XOVER EXCLUDING STATE HOSP**	2,273	13,488	\$ 377,213.80	\$	27.97	.062	\$	165.95	\$ 1.73	

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,193
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

INIDERAL COCKII	DOIMMING OF DELIC	VIOLO ION IN BOO II	CDD	TITE CODE I			
					MON	ITHLY AVERA	GE
133 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	182	1,197 \$	100,194.16	\$ 83.70	9.000 \$	550.52	\$ 753.34
@PHYSICIANS SERVICES	39	129 \$	1,405.99	\$ 10.90	.970	36.05	\$ 10.57
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	5	207.65	41.53	.038	51.91	1.56
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	5	207.65	41.53	.038	51.91	1.56
OPHTHALMOLOGICAL SERVICES	2	2	16.02	8.01	.015	8.01	.12
EXAMINATIONS	2	2	16.02	8.01	.015	8.01	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	34	122		1,182.32		9.69	.917		34.77		8.89
@PHARMACY	106	419	5	38,336.36	\$	91.49	3.150	\$ 3	61.66	\$	288.24
PRESCRIPTION DRUGS	99	358		38,065.42		106.33	2.692	3	84.50		286.21
SNF/ICF	18	117		5,096.65		43.56	.880	2	83.15		38.32
OUTPATIENTS	81	241		32 , 968.77		136.80	1.812	4	07.02		247.89
MEDICAL SUPPLIES	12	61		270.94		4.44	.459		22.58		2.04
@DENTIST	17	112	5	5,652.50	\$	50.47	.842	\$ 3	32.50	\$	42.50
VISITS - DIAGNOSTIC	11	51		349.00		6.84	.383		31.73		2.62
ORAL SURGERY	4	43		2,804.50		65.22	.323	7	01.13		21.09
DRUGS	1	3		45.00		15.00	.023		45.00		.34
ANESTHESIA	1	1		100.00		100.00	.008	1	00.00		.75
PERIODONTICS	2	2		173.00		86.50	.015		86.50		1.30
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	8		431.00		53.88	.060	2	15.50		3.24
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	4		1,750.00		437.50	.030	8	75.00		13.16
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-	-OF-PAYMENT RE	PORT	FOR JAN	2004 THRU	DEC 20	04	PA	AGE 6,194
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

						MO	TNC	HLY AVERA	GΕ	
133 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$	17.70		\$	53.11	\$.40
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	1	3	53.11		17.70	.023		53.11		.40
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$ 8.03	\$	8.03		\$	8.03	\$.06
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	1	1	8.03		8.03	.008		8.03		.06
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	18	72	\$ 5 , 322.91	\$	73.93	.541	\$	295.72	\$	40.02
HOSP INPATIENT TOTAL	6	0	2,889.25		.00	.000		481.54		21.72
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

MADERA COUNTY

INPATIENT CROSSOVERS	6	0		2,889.25	.00	.000	481.54		21.72
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	13	72		2,433.66	33.80	.541	187.20		18.30
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	13	72		2,433.66	33.80	.541	187.20		18.30
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	EC 2004	PA	GE 6,195
MOP024	FEE-FOR-SERVICE/	DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVI	CES FOR MN - S	OC -	AGED	AID CODE 1				
						MON			
133 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COS'	T UNITS/DAYS	COST PER	С	OST PER

		OR DAYS OF CAR	2		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	72	\$	5,322.91	\$	73.93	.541		295.72		40.02
COMM HOSP INPATIENT TOTAL	6	0		2,889.25		.00	.000		481.54		21.72
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	6	0		2,889.25		.00	.000		481.54		21.72
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	13	72		2,433.66		33.80	.541		187.20		18.30
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	Ö		.00		.00	.000		.00		.00
PATHOLOGY	0	Ö		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	13	72		2,433.66		33.80	.541		187.20		18.30
@STATE HOSPITAL	0	0	\$.00	\$.00		\$		\$.00
MENTALLY ILL	0	0	Τ.	.00	Τ	.00	.000	т	.00	Τ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	22	421	\$	47,264.83	\$	112.27	3.165	\$	2148.40	\$	355.37
LEV A-INTERMEDIATE	0	0	Υ	.00	Υ	.00	.000	۲	.00	۲	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	22	421		47,264.83		112.27	3.165		2148.40		355.37
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
ICF DDH	0	0	Τ.	.00	Τ	.00	.000	т	.00	Τ.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	Ö		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	Õ	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	-	.00	-	.00	.000	7	.00	т	.00
HEMODIALYSIS CENTER	0	Ö		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	-	.00	т.	.00	.000	7	.00	т	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	3.85	\$	3.85	.008	\$	3.85	\$.03
PATHOLOGY	0	0		.00	·	.00	.000	·	.00	·	.00
XO AND OTHERS	1	1		3.85		3.85	.008		3.85		.03
@ORGANIZED OUTPATIENT CLINIC	12	13	\$	815.09	\$	62.70	.098	\$	67.92	\$	6.13
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	13		815.09							6.13
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	RES	MONTH-OF-PAYMENT R							
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR MN - SO	OC -	- AGED	A	ID CODE 17	1Y				
							M	ONT	HLY AVERA	.GE	
133 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	C		PEI	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	12	26	\$	1,331.49	\$	51.21	.195	\$	110.96	\$	10.01
DURABLE MED. EQUIP.	0	0		.00		.00			.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	7	232.07	33.15	.053	116.04	1.74
AMBULANCES/AIR TRANS	2	7	232.07	33.15	.053	116.04	1.74
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	59.33	9.89	.045	19.78	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	171.50	57.17	.023	171.50	1.29
PROSTHETICS	1	3	171.50	57.17	.023	171.50	1.29
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5	852.47	170.49	.038	284.16	6.41
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	5	16.12	3.22	.038	5.37	.12
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	57	205	\$ 12,504.00	\$ 61.00	1.541	\$ 219.37	\$ 94.02

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,197
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

					MON	THLY AVERA	GE
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	12	382 \$	4,933.23	\$ 12.91	25.467 \$	411.10	\$ 328.88
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	10	369	\$	4,090.11	\$	11.08	24.600	\$	409.01	Ś	272.67
PRESCRIPTION DRUGS	7	24	-	3,712.18	-	154.67	1.600	т.	530.31	7	247.48
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	7	24		3,712.18		154.67	1.600		530.31		247.48
MEDICAL SUPPLIES	Δ	345		377.93		1.10	23.000		94.48		25.20
@DENTIST	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
VISITS - DIAGNOSTIC	0	0	Y	.00	Ÿ	.00	.000	Y	.00	٧	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
	0	0							.00		
PERIODONTICS	0	0		.00		.00	.000				.00
ENDODONTICS	0	U		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	U	U		.00		.00	.000		.00		.00
PROSTHETICS	U	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	U	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
·	_	_									
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVIC	0 CES AND EXPENDITU	JRES		EPORT	.00	.000	DEC	.00	Pž	.00 AGE 6,198
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 CES AND EXPENDITU C/DENTAL		.00 MONTH-OF-PAYMENT RE	EPOR:	.00 r for jan 2	.000 2004 THRU	DEC	.00	Pž	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 CES AND EXPENDITU		.00 MONTH-OF-PAYMENT RE	EPORT	.00	.000 2004 THRU 27		.00		.00 AGE 6,198
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 CES AND EXPENDITU C/DENTAL VICES FOR MN - S	SOC -	.00 MONTH-OF-PAYMENT RE		.00 F FOR JAN 2 AID CODE	.000 2004 THRU 27	IONT	.00 : 2004 'HLY AVERA	GE ·	.00 AGE 6,198 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 CES AND EXPENDITU C/DENTAL VICES FOR MN - S UNITS OF SERVICE	SOC - CE	.00 MONTH-OF-PAYMENT RE	AVI	.00 F FOR JAN 2 AID CODE ERAGE COST	.000 2004 THRU 27 M UNITS/DAY	IONT S	.00 2004 CHLY AVERA COST PER	GE ·	.00 AGE 6,198 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 CES AND EXPENDITU C/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF	SOC - CE RE	.00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES	AVI PEI	.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY	.000 2004 THRU 27 M UNITS/DAY PER ELIG	IONT S	.00 2004 CHLY AVERA COST PER USER	.GE - (.00 AGE 6,198 03/14/05 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	0 CES AND EXPENDITU C/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF	SOC - CE	.00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00	AVI	.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000	IONT S	.00 2004 CHLY AVERA COST PER USER .00	.GE - (.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 CES AND EXPENDITU E/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF 0 0	SOC - CE RE	MONTH-OF-PAYMENT REBLIND EXPENDITURES .00 .00	AVI PEI	.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000	IONT S	.00 2004 CHLY AVERA COST PER USER .00 .00	.GE - (.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	O CES AND EXPENDITU E/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF O O	SOC - CE RE	.00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00	AVI PEI	.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000	IONT S	.00 2004 CHLY AVERA COST PER USER .00 .00	.GE - (.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	O CES AND EXPENDITU E/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF 0 0 0	SOC - CE RE \$	MONTH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00	AVI PEI \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000	IONT S ; \$.00 2 2004 CHLY AVERA COST PER USER .00 .00 .00	GE - (1 \$.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	O O CES AND EXPENDITURE/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF 0 0 0 0 0 0	SOC - CE RE	MONTH-OF-PAYMENT RESERVED BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVI PEI	.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000	IONT S	.00 2 2004 CHLY AVERA COST PER USER .00 .00 .00	.GE - (.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	O O O O O O O O O O O O O O O O O O O	SOC - CE RE \$	MONTH-OF-PAYMENT RESERVED BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000	IONT S ; \$.00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00	GE - (1 \$.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	O O CES AND EXPENDITURE CONTROL OF CONTROL OF CAPE O O O O O O O O O O O O O O O O O O O	SOC - CE RE \$	MONTH-OF-PAYMENT RESERVED BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	IONT S \$ \$ \$.00 PHLY AVERA COST PER USER .00 .00 .00 .00	GE - (1 \$.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	OCES AND EXPENDITURE/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF O O O O O O O O O O	SOC - CE RE \$	MONTH-OF-PAYMENT RESERVED BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000	IONT S \$ \$ \$.00 CHLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - (1 \$.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF O O O O O O O O O O O O O O O O O O O	SOC - CE RE \$	MONTH-OF-PAYMENT RESERVED BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVF PEF \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	IONT S \$ \$ \$.00 PHLY AVERA COST PER USER .00 .00 .00 .00	GE - () \$.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF O O O O O O O O O O	SOC - CE RE \$	MONTH-OF-PAYMENT RESERVED BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU 27	IONT S \$ \$ \$.00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - () \$.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF O O O O O O O O O O O O O O O O O O O	SOC - CE RE \$	MONTH-OF-PAYMENT RESERVED BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	IONT S \$ \$ \$.00 CHLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - () \$.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF O O O O O O O O O O O O O O O O O O O	SOC - CE RE \$	MONTH-OF-PAYMENT RESERVED BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$.00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - () \$.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF O O O O O O O O O O O O O	SOC - CE RE \$.00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$.00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	GE - (.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF O O O O O O O O O O O O O O O O O O	SOC - CE RE \$.00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT'S;; \$.00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	GE - (.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF O O O O O O O O O O O O O O O O O O O	SOC -	.00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$ \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT'S;; \$.00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	GE - () 1	.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF O O O O O O O O O O O O O O O O O O	SOC - CE RE \$.00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$ \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT'S;; \$.00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - () 1	.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAF OO	SOC -	.00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVH PEH \$ \$ \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT'S;; \$.00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - (1)	.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - S UNITS OF SERVICO OR DAYS OF CAF OO	SOC -	.00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$ \$ \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT (S;; \$ \$ \$ \$ \$\$\$\$.00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURE/DENTAL VICES FOR MN - S UNITS OF SERVICO OR DAYS OF CAF OO	SOC -	.00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$ \$ \$ \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT (S;; \$ \$ \$ \$ \$\$\$\$.00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE 9 9 9 99999	.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 15 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCES AND EXPENDITURED FOR MINITS OF SERVICE OR DAYS OF CAPE OR	SOC -	.00 MONTH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$ \$ \$ \$.00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU 27	ONT (S;; \$ \$ \$ \$ \$\$\$\$.00 2 2004 CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE 9 9 9 99999	.00 AGE 6,198 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
	0	0						
ALL OTHER ACCOM	U	0		.00	.00	.000	.00	.00
ANCILLARIES	U	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	4		116.20	29.05	.267	58.10	7.75
MEDICAL	1	1		28.47	28.47	.067	28.47	1.90
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		15.18	15.18	.067	15.18	1.01
CROSSOVERS/ALL OTH OUTPINT	2	2		72.55	36.28	.133	36.28	4.84
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	מנוחדתוום:	ES MONTULOE					PAGE 6,199
MOP024	FEE-FOR-SERVICE/DENTAL	TUNDITUR	PO MONTH-OF	TATLIBINT VEL	ONI FOR UAN 2	.oo4 IIINO DI	EC 2004	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	MNI _ CO	C _ DITMD		AID CODE	27		03/14/03
MADERA COUNTI	SUMMARI OF SERVICES FOR	MIN - 50	С - РГІИЛ		AID CODE		ייים או אוודאי	CE
						MOI	NTHLY AVERA	JL

					MON	THLY AVERAG	E
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	4 \$	116.20	\$ 29.05	.267 \$	58.10	\$ 7.75
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	4	116.20	29.05	.267	58.10	7.75
MEDICAL	1	1	28.47	28.47	.067	28.47	1.90
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	15.18	15.18	.067	15.18	1.01

CROSSOVERS/ALL OTH OUTPTNT	2	2		72.55		36.28	.133		36.28		4.84
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00)	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00)	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00)	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00)	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00) \$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00)	.00	.000		.00		.00
ICF DD	0	0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	1	3	\$	28.69	\$	9.56	.200	\$	28.69	\$	1.91
PATHOLOGY	1	3		28.69)	9.56	.200		28.69		1.91
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	503.86	\$	100.77	.333	\$	167.95	\$	33.59
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	3	5		503.86	5	100.77	.333		167.95		33.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES M	MONTH-OF-PAYMENT	REPORT	FOR JAN 2004	THRU	DEC	2004	P₽	AGE 6,200
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	MN - S	oc -	BLIND		AID CODE 27					

15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	194.37	\$ 194.37	.067 \$	194.37	\$ 12.96
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	125.14	.00	.000	.00	8.34
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	1	69.23	69.23	.067	69.23	4.62
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	245 \$	401.74	\$ 1.64	16.333 \$	133.91	\$ 26.78

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,201 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

						MO	ONTHLY AVERA	GE	
206 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	340	4,846	\$	487,430.92	\$ 100.58	23.524	\$ 1433.62	\$	2366.17
@PHYSICIANS SERVICES	120	1,934	\$	58,522.26	\$ 30.26	9.388	\$ 487.69	\$	284.09
OUTPATIENT VISITS	50	134		3,493.94	26.07	.650	69.88		16.96
OFFICE VISITS	39	119		2,191.69	18.42	.578	56.20		10.64
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	13	15		1,302.25	86.82	.073	100.17		6.32
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	24	305		12,410.67	40.69	1.481	517.11		60.25
HOSPITAL VISITS	21	278		9,609.87	34.57	1.350	457.61		46.65
CRITICAL CARE	3	23		2,671.40	116.15	.112	890.47		12.97
SNF/ICF/TRANS IP CARE	3	4		129.40	32.35	.019	43.13		.63
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00)	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00)	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	15	101		9,450.81	L	93.57	.490		630.05		45.88
PRINCIPAL SURGEON	11	22		7,409.90		336.81	.107		673.63		35.97
ASSISTANT SURGEON	1	1		100.52		100.52	.005		100.52		.49
ANESTHESIOLOGIST	6	78		1,940.39	9	24.88	.379		323.40		9.42
OUTPATIENT SURGERY	8	16		1,370.78		85.67	.078		171.35		6.65
PRINCIPAL SURGEON	6	8		1,170.15		146.27	.039		195.03		5.68
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	8		200.63	3	25.08	.039		100.32		.97
DIALYSIS	0 2 3 25	19		555.66	5	29.25	.092		185.22		2.70
PATHOLOGY	25	111		1,103.39		9.94	.539		44.14		5.36
RADIOLOGY	37	115		3,312.74		28.81	.558		89.53		16.08
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1.4	965		22,613.87		23.43	4.684		1615.28		109.78
OTHER SERVICES/ALL X-OVERS	50	168		4,210.40		25.06	.816		84.21		20.44
@PHARMACY	193	1,282	Ś	94,058.64			6.223	Ś	487.35	Ś	456.60
PRESCRIPTION DRUGS	184	797		91,566.21		114.89	3.869		497.64		444.50
SNF/ICF	17	99		7,471.15		75.47	.481		439.48		36.27
OUTPATIENTS	167	698		84,095.06		120.48	3.388		503.56		408.23
MEDICAL SUPPLIES	34	485		2,492.43		5.14	2.354		73.31		12.10
@DENTIST	22	95	\$	2,964.00			.461	\$	134.73	\$	14.39
VISITS - DIAGNOSTIC	17	64	·	530.00		8.28	.311		31.18	•	2.57
ORAL SURGERY	3	11		935.00		85.00	.053		311.67		4.54
DRUGS	1	3		45.00		15.00	.015		45.00		.22
ANESTHESIA	1	1		100.00)	100.00	.005		100.00		.49
PERIODONTICS	2	2		173.00		86.50	.010		86.50		.84
ENDODONTICS	2.	2		545.00		272.50	.010		272.50		2.65
RESTORATIVE DENTISTRY	5	8		195.00		24.38	.039		39.00		.95
PROSTHETICS	1	1		.00		.00	.005		.00		.00
DENTURES, STAYPLATES	2	3		441.00		147.00	.015		220.50		2.14
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	Ō		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00)	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITUR	ES	MONTH-OF-PAYMENT	REPO	ORT FOR JAN	2004 THRU	DEC	2004	Р	AGE 6,202
MOP024	FEE-FOR-SERVICE/DENTAL		-								03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	R MN - SO	C -	DISABLED AID	COI	DES 65 67 6W	7 6Y				
								IONT	HLY AVERA	.GE	
206 DITCIDIDO	HODDO HINTED	OF SERVICE			, ,	317DD3CD COCH			COOM DED		COCH DED

						M	ON'.	IHLY AVERA	ŒĽ.	
206 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5	11	\$ 215.35	\$	19.58	.053	\$	43.07	\$	1.05
DIAGNOSTIC AND ANC. PROCED	2	2	55.46		27.73	.010		27.73		.27
EYE APPLIANCES	4	9	159.89		17.77	.044		39.97		.78
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	1	1	\$ 16.72	\$	16.72	.005	\$	16.72	\$.08
VISITS	1	1	16.72		16.72	.005		16.72		.08
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$ 7.94	\$	7.94	.005	\$	7.94	\$.04
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	1	1	7.94		7.94	.005		7.94		.04
@HOME HEALTH AGENCY	5	60	\$ 4,411.15	\$	73.52	.291	\$	882.23	\$	21.41
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NORSE MIDWIFE	U	U Ş	.00	٠.00	۶ ۵۵۵۰		
PEDIATRIC NURSE PRACTITIONER		0 \$		\$.00	.000 \$		
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	66	482 \$	262,662.67	\$ 544.94	2.340 \$	3979.74	\$ 1275.06
HOSP INPATIENT TOTAL	25	172	253,905.19	1476.19	.835	10156.21	1232.55
		138	178,753.90	1476.19 1295.32		11916.93	867.74
NON-HSC HOSPITAL TOTAL	7 7	34	62,674.29			8953.47	304.24
ACCOMMODATIONS	7	34	13,269.73			1895.68	64.42
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
	0	0	.00	.00			
TRANSITIONAL IP CARE	7	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	/	34	.00 13,269.73 49,404.56	390.29	.165	1895.68	64.42
ANCILLARIES	7	0 34 0 0 0 310	•		.000	7057.79	239.83
INPATIENT CROSSOVERS	3	0	12,477.00	.00	.000	4159.00	60.57
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	48	310	8,757.48	28.25	1.505	182.45	42.51
MEDICAL		= ·	604.42	35.55	.083	54.95	2.93
SURGERY	4	4	175.85	43.96	.019	43.96	.85
PATHOLOGY	20	80	805.96	10.07	.388	40.30	3.91
RADIOLOGY	16	120	4,389.27	36.58	.583	274.33	21.31
ROOM USE	14	16	682.24		.078	48.73	3.31
CROSSOVERS/ALL OTH OUTPTNT	23	73	2,099.74	28.76	.354	91.29	10.19
@COUNTY HOSPITAL TOTAL	0	0 \$.000 \$		
CO HOSPITAL INPATIENT TOTAL	•	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	Ő	.00	.00	.000		.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0	.00				
ALL OTHER ACCOM	U		.00	.00	.000	.00	.00
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00			.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	I 2004 THRU DE	C 2004	PAGE 6,203
MOP024	FEE-FOR-SERVICE						03/14/05
MADERA COUNTY			- DISABLED AID	CODES 65 67 6	5W 6Y		
			-		MON	THLY AVERAG	GE
206 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	ST UNITS/DAYS		COST PER
200 111011110	00210	OR DAYS OF CARE			AY PER ELIG	USER	
@COMMUNITY HOSPITAL TOTAL	66	482 \$	262,662.67				\$ 1275.06
COMM HOSP INPATIENT TOTAL	25	172	253,905.19	1476.19		10156.21	1232.55
HSC HOSPITALS	15	138			.670		
NON-HSC HOSPITALS TOTAL	7	34	62,674.29	1843.36	.165	8953.47	304.24
ACCOMMODATIONS	/	34	13,269.73			1895.68	64.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	34	13,269.73	390.29	.165	1895.68	64.42
ANCILLARIES	7	0	49,404.56	.00	.000	7057.79	239.83
INPATIENT CROSSOVERS	3	0	12,477.00	.00	.000	4159.00	60.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

0 \$.00 \$.00 \$.00 \$.00

0

NURSE MIDWIFE

COMM HOSP OUTPATIENT TOTAL	48	310		8,757.48		28.25	1.505		182.45		42.51
MEDICAL	11	17		604.42		35.55	.083		54.95		2.93
SURGERY	4	4		175.85		43.96	.019		43.96		.85
PATHOLOGY	20	80		805.96		10.07	.388		40.30		3.91
RADIOLOGY	16	120		4,389.27		36.58	.583		274.33		21.31
ROOM USE	14	16		682.24		42.64	.078		48.73		3.31
CROSSOVERS/ALL OTH OUTPINT	23	73		2,099.74		28.76	.354		91.29		10.19
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00	·	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	16	468	\$	42,072.42	\$		2.272	\$		\$	204.24
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 0 16	468		42,072.42		89.90	2.272		2629.53		204.24
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	50	\$	8,437.39	\$	168.75	.243	\$	1406.23	\$	40.96
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	50		8,437.39		168.75	.243		1406.23		40.96
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	68	\$	615.23	\$	9.05	.330	\$	41.02	\$	2.99
PATHOLOGY	15	68		615.23		9.05	.330		41.02		2.99
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	40	70	\$	7,582.63	\$	108.32	.340	\$	189.57	\$	36.81
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	5		178.21		35.64	.024		178.21		.87
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	39	65		7,404.42		113.91	.316		189.86		35.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES	MONTH-OF-PAYMENT RE	EPORI	FOR JAN	2004 THRU	DEC	2004	PF	AGE 6,204
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	MN - S	oc -	- DISABLED AID (CODES	65 67 6V	√ 6Y				
							M	ONT	HLY AVERA	GE -	

						1401	ATIITI VARIVA	.015
206 ELIGIBLES	USERS	UNITS OF SERVICE	EXPE	INDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	26	324	\$	5,864.52	\$ 18.10	1.573	225.56	\$ 28.47
DURABLE MED. EQUIP.	6	20		1,530.02	76.50	.097	255.00	7.43
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	16	274		3,930.28	14.34	1.330	245.64	19.08
AMBULANCES/AIR TRANS	13	149		1,691.13	11.35	.723	130.09	8.21
OTHER TRANS	4	124		439.15	3.54	.602	109.79	2.13
OTHER SERVICES	1	1		1,800.00	1800.00	.005	1800.00	8.74
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	10		93.85	9.39	.049	18.77	.46
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	2	6		152.42	25.40	.029	76.21	.74
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	14		157.95	11.28	.068	39.49	.77
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	55	540	\$	25,051.26	\$ 46.39	2.621	\$ 455.48	\$ 121.61
O# MOMATO TAL MUDOD TIMES AND CITE	INT AC A CHDADAMH .	TATEODAGA ESTORE	TENTAL ONT	37				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,205 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

IMIDDIGI COCKII	DOINGING OF DELI	TIMITED THE CODE	010 010 07						
						MON	THLY AVERA	.GE	
336 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ΕI	LIGIBLE
@TOTAL, ALL PROVIDERS	448	3 , 913	\$	332,306.95	\$ 84.92	11.646	741.76	\$	989.01
@PHYSICIANS SERVICES	202	663	\$	33,165.72	\$ 50.02	1.973	164.19	\$	98.71
OUTPATIENT VISITS	85	104		5,250.05	50.48	.310	61.77		15.63
OFFICE VISITS	49	59		2,225.38	37.72	.176	45.42		6.62
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	36	42		2,931.01	69.79	.125	81.42		8.72
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00

OTHER OUTPATIENT	3	3		93.66		31.22	.009		31.22		.28
INPATIENT VISITS	32	101		6,251.98		61.90	.301		195.37		18.61
HOSPITAL VISITS	27	88		4,148.28		47.14	.262		153.64		12.35
CRITICAL CARE	5	13		2,103.70		161.82	.039		420.74		6.26
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	4	4		138.73		34.68	.012		34.68		.41
EXAMINATIONS	4	4		138.73		34.68	.012		34.68		.41
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	20	60		6,090.02		101.50	.179		304.50		18.13
PRINCIPAL SURGEON	13	15		4,765.05		317.67	.045		366.54		14.18
ASSISTANT SURGEON	2	2		283.75		141.88	.006		141.88		.84
ANESTHESIOLOGIST	7	43		1,041.22		24.21	.128		148.75		3.10
OUTPATIENT SURGERY	28	74		4,349.61		58.78	.220		155.34		12.95
PRINCIPAL SURGEON	19	26		3,149.53		121.14	.077		165.76		9.37
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	11	48		1,200.08		25.00	.143		109.10		3.57
DIALYSIS	1	6		254.70		42.45	.018		254.70		.76
PATHOLOGY	36	69		1,650.92		23.93	.205		45.86		4.91
RADIOLOGY	70	147		4,498.34		30.60	.438		64.26		13.39
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	5		162.09		32.42	.015		40.52		.48
OTHER SERVICES/ALL X-OVERS	54	93		4,519.28		48.59	.277		83.69		13.45
@PHARMACY	133	736	\$	38,389.15	\$	52.16	2.190	\$	288.64	\$	114.25
OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	124	372		35,871.52		96.43	1.107		289.29		106.76
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	124	372		35,871.52		96.43	1.107		289.29		106.76
MEDICAL SUPPLIES	25	364		2,517.63		6.92	1.083		100.71		7.49
@DENTIST	57	357	\$	10,281.09	\$	28.80	1.063	\$	180.37	\$	30.60
VISITS - DIAGNOSTIC	41	224		1,529.00		6.83	.667		37.29		4.55
ORAL SURGERY	8	16		1,341.00		83.81	.048		167.63		3.99
DRUGS	1	3		45.00		15.00	.009		45.00		.13
ANESTHESIA	1	1		100.00		100.00	.003		100.00		.30
PERIODONTICS	7	7		413.00		59.00	.021		59.00		1.23
ENDODONTICS	6	9		1,793.00		199.22	.027		298.83		5.34
RESTORATIVE DENTISTRY		84		4,495.00		53.51	.250		204.32		13.38
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	9		334.00		37.11	.027		334.00		.99
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		126.09		126.09	.003		126.09		.38
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	3	3		105.00		35.00	.009		35.00		.31
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES N	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 6,206
MOP024	FEE-FOR-SERVICE/DENT										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR MN - S	OC -	FAMILIES AID CODE	5R 6	SR 37					

----- MONTHLY AVERAGE -----336 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 8 23 \$ 504.12 \$ 21.92 .068 \$ 63.02 \$ 1.50 6 10 301.15 30.12 50.19 .90 DIAGNOSTIC AND ANC. PROCED .030 EYE APPLIANCES 13 202.97 15.61 .039 33.83 .60 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 50.16 \$ 16.72 .15 @CHIROPRACTOR .009 \$ 25.08 \$ 25.08 50.16 VISITS 2 3 16.72 .009 .15 0 0 .00 .000 .00 .00 OTHER SERVICES 12.00 \$ 12.00 @PODIATRIST .003 \$ 12.00 \$.04

MEDICINE/INJECTIONS	1	1	12.00	12.00	.003	12.00		.04
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	4	40 \$	2,898.89	\$ 72.47	.119 \$	724.72	\$	8.63
-	1	3 \$	87.50	·	·	87.50	\$.26
NURSE ANESTHESIST				·	·			
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00		.00
@TOTAL HOSPITAL	121	662 \$	203,426.30	\$ 307.29	1.970 \$	1681.21		605.44
HOSP INPATIENT TOTAL	23	128	184,323.33	1440.03	.381	8014.06	-	548.58
HSC HOSPITALS	19	109	153,284.46	1406.28	.324	8067.60	4	456.20
NON-HSC HOSPITAL TOTAL	5	19	31,038.87	1633.62	.057	6207.77		92.38
ACCOMMODATIONS	5	19	5,994.01	315.47	.057	1198.80		17.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	5	19	5,994.01	315.47	.057	1198.80		17.84
ANCILLARIES	5	0	25,044.86	.00	.000	5008.97		74.54
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
	0	0	.00					
ALL OTHER INPATIENT	•			.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	99	534	19,102.97	35.77	1.589	192.96		56.85
MEDICAL	43	67	1,837.11	27.42	.199	42.72		5.47
SURGERY	15	16	2,240.57	140.04	.048	149.37		6.67
PATHOLOGY	39	146	1,603.50	10.98	.435	41.12		4.77
RADIOLOGY	49	71	8,837.55	124.47	.211	180.36		26.30
ROOM USE	54	79	3 , 185.51	40.32	.235	58.99		9.48
CROSSOVERS/ALL OTH OUTPTNT	47	155	1,398.73	9.02	.461	29.76		4.16
@COUNTY HOSPITAL TOTAL	2	7 \$	7,894.00	\$ 1127.71	.021 \$	3947.00	\$	23.49
CO HOSPITAL INPATIENT TOTAL	2	7	7,894.00	1127.71	.021	3947.00		23.49
HSC HOSPITALS	2	7	7,894.00	1127.71	.021	3947.00		23.49
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0						
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	•	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE	E 6,207
MOP024	FEE-FOR-SERVICE						C	03/14/05
MADERA COUNTY		ICES FOR MN - SOC -	- FAMILIES AID CODE	5R 6R 37				
	***************************************				MONT	HLY AVERA	GE	
336 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				ST PER
	ODLIG	OR DAYS OF CARE		PER UNIT/DAY		USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	119	655 \$	195,532.30	\$ 298.52		1643.13		581.94
COMM HOSP INPATIENT TOTAL	21	121	176,429.33	1458.09	.360	8401.40		525.09
	17	102	145,390.46	1425.40	.304			432.71
HSC HOSPITALS			•			8552.38	4	
NON-HSC HOSPITALS TOTAL	5	19	31,038.87	1633.62	.057	6207.77		92.38
ACCOMMODATIONS	5	19	5,994.01	315.47	.057	1198.80		17.84

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	19		5,994.01		315.47	.057		1198.80		17.84
ANCILLARIES	5	0		25,044.86		.00	.000		5008.97		74.54
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	99	534		19,102.97		35.77	1.589		192.96		56.85
MEDICAL	43	67		1,837.11		27.42	.199		42.72		5.47
SURGERY	15	16		2,240.57		140.04	.048		149.37		6.67
PATHOLOGY	39	146		1,603.50		10.98	.435		41.12		4.77
RADIOLOGY	49	71		8,837.55		124.47	.211		180.36		26.30
ROOM USE	54	79		3,185.51		40.32	.235		58.99		9.48
CROSSOVERS/ALL OTH OUTPTNT	47	155		1,398.73		9.02	.461		29.76		4.16
@STATE HOSPITAL	0	0	\$.00	Ś	.00	.000	Ś		Ś	.00
MENTALLY ILL	0	0	т	.00	т	.00	.000	τ	.00	Τ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ś	.00	.000	Ś		Ś	.00
LEV A-INTERMEDIATE	0	0	۲	.00	٧	.00	.000	Y	.00	Υ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	Ċ		Ś	.00
ICF DDH	0	0	Ÿ	.00	Ÿ	.00	.000	Ÿ	.00	Ÿ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ś	.00	.000	ċ		Ś	.00
HOSPITAL BASED	0	0	ş	.00	Ą	.00	.000	Ą	.00	ې	.00
	0	0									
HEMODIALYSIS CENTER	0	0	ć	.00	Ċ	.00	.000	Ċ	.00	<u>_</u>	.00
@REHABILITATION FACILITY	U	-	\$.00	\$.00	.000	Þ		\$.00
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	<u>^</u>	.00	<u>^</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@LABORATORY FACILITY	38	154	\$	1,842.23	\$	11.96	.458	\$		\$	5.48
PATHOLOGY	38	154		1,842.23		11.96	.458		48.48		5.48
XO AND OTHERS	0	0	_	.00	_	.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	91	178	\$	34,744.96	\$	195.20	.530	Ş	381.81	Ş	103.41
CLINIC	4	11		288.02		26.18	.033		72.01		.86
SURGICENTER	5	22		775.84		35.27	.065		155.17		2.31
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	85	145		33,681.10		232.28	.432		396.25		100.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES	MONTH-OF-PAYMENT R	EPOR:	r for jan 2004	THRU	DEC	2004	P.	AGE 6,208
MOP024	FEE-FOR-SERVICE/DENTA	L			_						03/14/05

----- MONTHLY AVERAGE -----336 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @ALL OTHER PROVIDERS 32 1,093 \$ 6,904.83 \$ 6.32 3.253 \$ 215.78 \$ 20.55 DURABLE MED. EQUIP. 1 1 57.60 57.60 .003 57.60 .17 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 HEARING AID DISPENSERS .00 .000 .00 1.393 402.51 MEDICAL TRANSPORTATION 15 468 6,037.63 12.90 17.97 15 467 1.390 282.51 12.61 AMBULANCES/AIR TRANS 4,237.63 9.07 .00 .00 .000 .000 1,800.00 1800.00 .003 1800.00 .00 .00 .000 .000 OTHER TRANS 0 0 .00 1 OTHER SERVICES 1 5.36 ACUPUNCTURE .00

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

MADERA COUNTY

ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	9	20	194.56		9.73	.060	21.62	.58
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	50	396.64		7.93	.149	132.21	1.18
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	5	554	218.40		.39	1.649	43.68	.65
@CALIF. CHILDREN SERVICES*	9	70	\$ 62,202.91	\$ 8	388.61	.208	\$ 6911.43	\$ 185.13
@XOVER EXCLUDING STATE HOSP**	3	6	\$ 41.80	\$	6.97	.018	\$ 13.93	\$.12

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,209 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

					MON	THLY AVERA	GE
690 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	982	10,338 \$	924,865.26	\$ 89.46	14.983 \$	941.82	\$ 1340.38
@PHYSICIANS SERVICES	361	2,726 \$	93,093.97	\$ 34.15	3.951	257.88	\$ 134.92
OUTPATIENT VISITS	135	238	8,743.99	36.74	.345	64.77	12.67
OFFICE VISITS	88	178	4,417.07	24.82	.258	50.19	6.40
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	49	57	4,233.26	74.27	.083	86.39	6.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	93.66	31.22	.004	31.22	.14
INPATIENT VISITS	60	411	18,870.30	45.91	.596	314.51	27.35
HOSPITAL VISITS	48	366	13,758.15	37.59	.530	286.63	19.94
CRITICAL CARE	8	36	4,775.10	132.64	.052	596.89	6.92
SNF/ICF/TRANS IP CARE	7	9	337.05	37.45	.013	48.15	.49
OPHTHALMOLOGICAL SERVICES	6	6	154.75	25.79	.009	25.79	.22
EXAMINATIONS	6	6	154.75	25.79	.009	25.79	.22
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	35	161	15,540.83	96.53	.233	444.02	22.52
PRINCIPAL SURGEON	24	37	12,174.95	329.05	.054	507.29	17.64
ASSISTANT SURGEON	3	3	384.27	128.09	.004	128.09	.56
ANESTHESIOLOGIST	13	121	2,981.61	24.64	.175	229.35	4.32
OUTPATIENT SURGERY	36	90	5 , 720.39	63.56	.130	158.90	8.29
PRINCIPAL SURGEON	25	34	4,319.68	127.05	.049	172.79	6.26
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	56	1,400.71	25.01	.081	107.75	2.03
DIALYSIS	4	25	810.36	32.41	.036	202.59	1.17
PATHOLOGY	61	180	2,754.31	15.30	.261	45.15	3.99

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	107	262		7,811.08		29.81	.380		73.00		11.32
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	18	970		22,775.96		23.48	1.406		1265.33		33.01
OTHER SERVICES/ALL X-OVERS	138	383		9,912.00		25.88	.555		71.83		14.37
@PHARMACY	442	2,806	\$	174,874.26	\$	62.32	4.067	\$	395.64	\$	253.44
PRESCRIPTION DRUGS	414	1,551		169,215.33		109.10	2.248		408.73		245.24
SNF/ICF	35	216		12,567.80		58.18	.313		359.08		18.21
OUTPATIENTS	379	1,335		156,647.53		117.34	1.935		413.32		227.03
MEDICAL SUPPLIES	75	1,255		5,658.93		4.51	1.819		75.45		8.20
@DENTIST	96	564	\$	18,897.59	\$	33.51	.817	\$	196.85	\$	27.39
VISITS - DIAGNOSTIC	69	339		2,408.00		7.10	.491		34.90		3.49
ORAL SURGERY	15	70		5,080.50		72.58	.101		338.70		7.36
DRUGS	3	9		135.00		15.00	.013		45.00		.20
ANESTHESIA	3	3		300.00		100.00	.004		100.00		.43
PERIODONTICS	11	11		759.00		69.00	.016		69.00		1.10
ENDODONTICS	8	11		2,338.00		212.55	.016		292.25		3.39
RESTORATIVE DENTISTRY	29	100		5,121.00		51.21	.145		176.59		7.42
PROSTHETICS	1	1		.00		.00	.001		.00		.00
DENTURES, STAYPLATES	5	16		2,525.00		157.81	.023		505.00		3.66
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		126.09		126.09	.001		126.09		.18
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	3	3		105.00		35.00	.004		35.00		.15
ALL OTHER SERVICES	1	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	JRES	MONTH-OF-PAYMENT R	EPOR'	r for jan	2004 THRU	DEC	2004	P	AGE 6,210
MOP024	FEE-FOR-SERVICE	DENTAL									03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR MN - S	SOC -	TOTAL							
							Mo		HLY AVERA	GE ·	
690 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CAR	RE		PEI	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	14	37	\$	772.58	\$	20.88	.054	\$	55.18	\$	1.12
DIAGNOSTIC AND ANC. PROCED	8	12		356.61		29.72	.017		44.58		.52

EYE APPLIANCES	11	25		415.97		16.64	.036		37.82		.60
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	3	4	\$	66.88	\$	16.72	.006	\$	22.29	\$.10
VISITS	3	4		66.88		16.72	.006		22.29		.10
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$	27.97	\$	9.32	.004	\$	9.32	\$.04
MEDICINE/INJECTIONS	1	1		12.00		12.00	.001		12.00		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	2		15.97		7.99	.003		7.99		.02
@HOME HEALTH AGENCY	9	100	\$	7,310.04	\$	73.10	.145	Ś	812.23	Ś	10.59
NURSE ANESTHESIST	1	3	\$	87.50	\$	29.17	.004	\$	87.50		.13
NURSE MIDWIFE	0	0	\$.00	Š	.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER	· ·	0	\$.00	Ċ	.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	¢	.00	.000	\$.00		.00
@TOTAL HOSPITAL	207	1,220	Ś	471,528.08	¢	386.50	1.768	\$			683.37
	54	300	ې		Ą		.435	۲		Ą	
HOSP INPATIENT TOTAL				441,117.77		1470.39			8168.85		639.30
HSC HOSPITALS	34	247		332,038.36		1344.28	.358		9765.83		481.22
NON-HSC HOSPITAL TOTAL	12	53		93,713.16		1768.17	.077		7809.43		135.82
ACCOMMODATIONS	12	53		19,263.74		363.47	.077		1605.31		27.92
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	53		19,263.74		363.47	.077		1605.31		27.92
ANCILLARIES	12	0		74,449.42		.00	.000		6204.12		107.90
INPATIENT CROSSOVERS	9	0		15 , 366.25		.00	.000		1707.36		22.27
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	162	920		30,410.31		33.05	1.333		187.72		44.07
MEDICAL	55	85		2,470.00		29.06	.123		44.91		3.58
SURGERY	19	20		2,416.42		120.82	.029		127.18		3.50
PATHOLOGY	59	226		2,409.46		10.66	.328		40.84		3.49
RADIOLOGY	65	191		13,226.82		69.25	.277		203.49		19.17
ROOM USE	69	96		3,882.93		40.45	.139		56.27		5.63
CROSSOVERS/ALL OTH OUTPTNT	85	302		6,004.68		19.88	.438		70.64		8.70
@COUNTY HOSPITAL TOTAL	2	7	\$	7,894.00	Ś	1127.71	.010	Ś	3947.00	Ś	11.44
CO HOSPITAL INPATIENT TOTAL	2	7	-	7,894.00	т	1127.71	.010	-1	3947.00	т.	11.44
HSC HOSPITALS	2	7		7,894.00		1127.71	.010		3947.00		11.44
NON-HSC HOSPITALS TOTAL	0	ń		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0									
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES I	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2004 THRU	DEC	2004	PF	AGE 6,211
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05
MADERA COUNTY	SUMMARY OF SERVICES F	OR MN - S	SOC -	TOTAL							
								TIAON	HIY AVERA	CF -	

		OR DAYS OF CARE	,		ושמ	R UNIT/DAY	DED ELLO		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	205	1,213	\$	463,634.08	\$	382.22			2261.63		671.93
COMM HOSP INPATIENT TOTAL	52	293	Ψ	433,223.77	Ψ.	1478.58	.425	٧	8331.23	٧	627.86
HSC HOSPITALS	32	240		324,144.36		1350.60	.348		10129.51		469.77
NON-HSC HOSPITALS TOTAL	12	53		93,713.16		1768.17	.077		7809.43		135.82
ACCOMMODATIONS	12	53		19,263.74		363.47	.077		1605.31		27.92
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	53		19,263.74		363.47	.077		1605.31		27.92
ANCILLARIES	12	0		74,449.42		.00	.000		6204.12		107.90
INPATIENT CROSSOVERS	9	0		15,366.25		.00	.000		1707.36		22.27
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	162	920		30,410.31		33.05	1.333		187.72		44.07
MEDICAL	55	85		2,470.00		29.06	.123		44.91		3.58
SURGERY	19	20		2,416.42		120.82	.029		127.18		3.50
PATHOLOGY	59	226		2,409.46		10.66	.328		40.84		3.49
RADIOLOGY	65	191		13,226.82		69.25	.277		203.49		19.17
ROOM USE	69	96		3,882.93		40.45	.139		56.27		5.63
CROSSOVERS/ALL OTH OUTPTNT	85	302		6,004.68		19.88	.438		70.64		8.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	38	889	\$	89,337.25	\$	100.49	1.288	\$	2350.98	\$	129.47
LEV A-INTERMEDIATE	Ō	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	Ō	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	38	889		89,337.25		100.49	1.288		2350.98		129.47
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	50	\$	8,437.39	\$	168.75	.072	\$	1406.23	\$	12.23
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	50		8,437.39		168.75	.072		1406.23		12.23
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	55	226	\$	2,490.00	\$.328	\$	45.27	\$	3.61
PATHOLOGY	54	225		2,486.15		11.05	.326		46.04		3.60
XO AND OTHERS	1	1		3.85		3.85	.001		3.85		.01
@ORGANIZED OUTPATIENT CLINIC	146	266	\$	43,646.54		164.08	.386	Ş	298.95	Ş	63.26
CLINIC	4	11		288.02		26.18	.016		72.01		.42
SURGICENTER	6	27		954.05		35.34	.039		159.01		1.38
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC				42,404.47							61.46
			RES I	MONTH-OF-PAYMENT R	EPOR'	r for Jan 2	2004 THRU	DEC	2004	P	AGE 6,212
	FEE-FOR-SERVICE			moma							03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR MN - SC)C -	TOTAL			2.4			C.E.	
600 ELICIDIES	HCEDC	IINITHO OF OFDITO	,	EADENDIMIDEO	71 7 7 7	EDACE COOM	M				
690 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
@ALL OTHER PROVIDERS	71	OR DAYS OF CARE		14 205 21		R UNIT/DAY					ELIGIBLE
-	71	1,444	Ş		P	9.90	2.093	Ą			
DURABLE MED. EQUIP.	7 0	21 0		1,587.62		75.60	.030		226.80		2.30
BLOOD BANK	U	U		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0		125.14	.00	.000	.00	.18
MEDICAL TRANSPORTATION	33	749		10,199.98	13.62	1.086	309.09	14.78
AMBULANCES/AIR TRANS	30	623		6,160.83	9.89	.903	205.36	8.93
OTHER TRANS	4	124		439.15	3.54	.180	109.79	.64
OTHER SERVICES	2	2		3,600.00	1800.00	.003	1800.00	5.22
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	18	37		416.97	11.27	.054	23.17	.60
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	6		152.42	25.40	.009	76.21	.22
PROSTHETIST/ORTHOTISTS	1	3		171.50	57.17	.004	171.50	.25
PROSTHETICS	1	3		171.50	57.17	.004	171.50	.25
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5		852.47	170.49	.007	284.16	1.24
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	50		396.64	7.93	.072	132.21	.57
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	573		392.47	.68	.830	32.71	.57
@CALIF. CHILDREN SERVICES*	9	70	\$	62,202.91	\$ 888.61	.101	\$ 6911.43	\$ 90.15
@XOVER EXCLUDING STATE HOSP**	118	996	\$	37,998.80	\$ 38.15	1.443	\$ 322.02	\$ 55.07
A+ MOMATO IN MURCE LINES ADE CIV		TATEODATA ELEONI	TITING ONT	77 -				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDOD DATA AND INCHOUDED	IN IND ALL NOT KITALE DELIALE BINDO ADOVE.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,213
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13	

MADEINA COUNTI	DOMESTIC OF DELCO	TCES FOR MIN	ПОПО	THIM CAIN	AGED		AID CODE	13				
								M	ONT	THLY AVERA	GE.	
2,812 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPEND:	ITURES	AVER.	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CA	ARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,100	141,288	\$	9,121,2	278.51	\$	64.56	50.245	\$	2942.35	\$	3243.70
@PHYSICIANS SERVICES	373	735	\$	14,	979.00	\$	20.38	.261	\$	40.16	\$	5.33
OUTPATIENT VISITS	5	7		2	232.62		33.23	.002		46.52		.08
OFFICE VISITS	3	3			71.20		23.73	.001		23.73		.03
HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	2	2			132.46		66.23	.001		66.23		.05
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	1	2			28.96		14.48	.001		28.96		.01
INPATIENT VISITS	49	121		3,2	247.13		26.84	.043		66.27		1.15
HOSPITAL VISITS	7	45		1,3	303.46		28.97	.016		186.21		.46
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	44	76		1,	943.67		25.57	.027		44.17		.69
OPHTHALMOLOGICAL SERVICES	4	4			94.45		23.61	.001		23.61		.03
EXAMINATIONS	4	4			94.45		23.61	.001		23.61		.03
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	17		1,8	304.19		106.13	.006		601.40		.64
PRINCIPAL SURGEON	3	5		1,	522.16		304.43	.002		507.39		.54
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	12		,	282.03		23.50	.004		282.03		.10

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	4		152.86		38.22	.001		76.43		.05
RADIOLOGY	8	25		247.78		9.91	.009		30.97		.09
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	320	557		9,199.97		16.52	.198		28.75		3.27
@PHARMACY	2,464	42,143	\$	-	\$	21.88	14.987	\$		\$	327.98
PRESCRIPTION DRUGS	2,445	15,540		912,926.31		58.75	5.526		373.38		324.65
SNF/ICF	2,364	15,030		889,551.89		59.19	5.345		376.29		316.34
OUTPATIENTS	102	510		23,374.42		45.83	.181		229.16		8.31
MEDICAL SUPPLIES	113	26,603		9,362.45		.35	9.461		82.85		3.33
@DENTIST	88	203	\$		\$	57.19	.072	\$	131.92	\$	4.13
VISITS - DIAGNOSTIC	72	144		2,894.00		20.10	.051		40.19		1.03
ORAL SURGERY	5	26		1,827.00		70.27	.009		365.40		.65
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		48.00		48.00	.000		48.00		.02
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	21	32		6,840.00		213.75	.011		325.71		2.43
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
ED A CHILDEO DE CE COS ET CASO	0	0		.00		.00	.000		0.0		.00
FRACTURES, DISLOCATIONS	U								.00		
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 0 0 MEDI-CAL SERVI	0 0 CES AND EXPENDITUR	RES M	.00	EPOR'	.00	.000	DEC	.00	P	.00 .00 AGE 6,214
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 0 MEDI-CAL SERVION FEE-FOR-SERVIC	0 0 CES AND EXPENDITURE/DENTAL		.00 .00 ONTH-OF-PAYMENT RE	EPOR'	.00 .00 I FOR JAN 2	.000 .000 2004 THRU	DEC	.00	P	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 0 MEDI-CAL SERVION FEE-FOR-SERVIC	0 0 CES AND EXPENDITUR		.00 .00 ONTH-OF-PAYMENT RE	EPOR!	.00	.000 .000 2004 THRU		.00 .00 2004		.00 .00 AGE 6,214 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY	0 0 0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	0 0 CES AND EXPENDITUE E/DENTAL VICES FOR MN - LO	ONG T	.00 .00 ONTH-OF-PAYMENT RE		.00 .00 I FOR JAN 2	.000 .000 2004 THRU	ONT	.00 .00 2004	GE -	.00 .00 AGE 6,214 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 0 MEDI-CAL SERVION FEE-FOR-SERVIC	0 0 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE	ONG T	.00 .00 ONTH-OF-PAYMENT RE	AVI	.00 .00 I FOR JAN 2 AID CODE ERAGE COST	.000 .000 2004 THRU 13 M UNITS/DAY	ONT S	.00 .00 2004 HLY AVERA COST PER	GE -	.00 .00 AGE 6,214 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES	0 0 0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	0 0 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE	ONG T E E	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES	AVI PEI	.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG	ONT	.00 .00 2004 HLY AVERA COST PER USER	GE - (.00 .00 AGE 6,214 03/14/05 COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES @OPTOMETRIST	0 0 0 MEDI-CAL SERVICE SUMMARY OF SERVICE USERS	0 0 0 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE	ONG T	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,012.84	AVI	.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025	ONT	.00 .00 2004 HLY AVERA COST PER USER 36.17	GE - (.00 .00 AGE 6,214 03/14/05 COST PER ELIGIBLE .36
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 0 0 MEDI-CAL SERVICE SUMMARY OF SERVICE USERS	0 0 0 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 70 0	ONG T E E	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,012.84 .00	AVI PEI	.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025 .000	ONT	.00 .00 2004 HLY AVERA COST PER USER 36.17 .00	GE - (.00 .00 AGE 6,214 03/14/05 COST PER ELIGIBLE .36 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 28 0 19	0 0 0 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 70 0 53	ONG T E E	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,012.84 .00 905.59	AVI PEI	.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47 .00 17.09	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025 .000 .019	ONT	.00 .00 2004 HLY AVERA COST PER USER 36.17 .00 47.66	GE - (.00 .00 AGE 6,214 03/14/05 COST PER ELIGIBLE .36 .00 .32
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 28 0 19 9	0 0 0 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARP 70 0 53 17	ONG T E E \$.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,012.84 .00 905.59 107.25	AVI PEI \$.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47 .00 17.09 6.31	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025 .000 .019 .006	ONT S \$.00 .00 2004 HLY AVERA COST PER USER 36.17 .00 47.66 11.92	GE - (I \$.00 .00 AGE 6,214 03/14/05 COST PER ELIGIBLE .36 .00 .32 .04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 28 0 19 9 0	0 0 0 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARR 70 0 53 17 0	ONG T E E	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,012.84 .00 905.59 107.25 .00	AVI PEI	.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47 .00 17.09 6.31 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025 .000 .019 .006 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER 36.17 .00 47.66 11.92 .00	GE - (I \$.00 .00 AGE 6,214 03/14/05 COST PER ELIGIBLE .36 .00 .32 .04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0 0 0 MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY SUMMARY OF SERVICE SUMMARY SUMMAR	O 0 0 0 0 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 70 0 53 17 0 0 0	ONG T E E \$.00 .00 .00 MONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,012.84 .00 905.59 107.25 .00	AVI PEI \$.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47 .00 17.09 6.31 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025 .000 .019 .006 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER 36.17 .00 47.66 11.92 .00	GE - (I \$.00 .00 AGE 6,214 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	0 0 0 MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY SUMMARY OF SERVICE SUMMARY SUMMAR	O 0 0 0 0 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 70 0 0 53 17 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ONG TE	.00 .00 .00 MONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,012.84 .00 905.59 107.25 .00 .00	AVI PEI \$.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47 .00 17.09 6.31 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025 .000 .019 .006 .000 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER 36.17 .00 47.66 11.92 .00 .00	GE - (, , ,	.00 .00 AGE 6,214 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	0 0 0 MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY SUMMARY OF SERVICE SUMMARY SUMMAR	O 0 0 0 0 CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 70 0 53 17 0 0 0 0 0 273	ONG T E E \$.00 .00 .00 IONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,012.84 .00 905.59 107.25 .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47 .00 17.09 6.31 .00 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025 .000 .019 .006 .000 .000 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER 36.17 .00 47.66 11.92 .00 .00 .00	GE - (, , ,	.00 .00 AGE 6,214 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS	0 0 0 0 MEDI-CAL SERVICE SUMMARY OF SERVICE SUMARY SUMMARY OF SERVICE SUMMARY SUMMARY SUMMARY SUMMARY SUMMAR	O O O O O O O O O O O O O O O O O O O	ONG TE	.00 .00 .00 MONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,012.84 .00 .905.59 107.25 .00 .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47 .00 17.09 6.31 .00 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025 .000 .019 .006 .000 .000 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER 36.17 .00 47.66 11.92 .00 .00 .00	GE - (, , ,	.00 .00 AGE 6,214 03/14/05 COST PER ELIGIBLE .36 .00 .32 .04 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	0 0 0 MEDI-CAL SERVICE SUMMARY OF SERVICE SUMARY OF SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE SUMMARY OF	O O O O O O O O O O O O O O O O O O O	ONG TE	.00 .00 .00 MONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,012.84 .00 .905.59 .107.25 .00 .00 .00 .1,714.17 .00 .00	AVI PEI \$.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47 .00 17.09 6.31 .00 .00 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025 .000 .019 .006 .000 .000 .000	ONT S \$.00 .00 2004 HLY AVERA COST PER USER 36.17 .00 47.66 11.92 .00 .00 .00 6.91 .00	GE - (, , ,	.00 .00 AGE 6,214 03/14/05
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ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 28 0 19 9 0 0 0 248 0 0 0 248	O O O O O O O O O O O O O O O O O O O	ONG TE	.00 .00 .00 MONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,012.84 .00 .905.59 .107.25 .00 .00 .00 .1,714.17 .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47 .00 17.09 6.31 .00 .00 .00 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025 .000 .019 .006 .000 .000 .000 .097 .000	CONT S \$ \$.00 .00 2004 HLY AVERA COST PER USER 36.17 .00 47.66 11.92 .00 .00 .00 .00 .00	GE - () I	.00 .00 .00 AGE 6,214 03/14/05
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ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 28 0 19 9 0 0 0 248 0 0 248 0 0 0 248 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	ONG TEES \$ \$ \$ \$ \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47 .00 17.09 6.31 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025 .000 .019 .006 .000 .000 .000 .000 .000 .000	ONT S \$ \$ \$ \$.00 .00 2004 HLY AVERA COST PER USER 36.17 .00 47.66 11.92 .00 .00 .00 .00 .00 .00 .00 .00	GE - () I	.00 .00 .00 AGE 6,214 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	ONG T	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$ \$ \$ \$ \$.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47 .00 17.09 6.31 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025 .000 .019 .006 .000 .000 .000 .000 .000 .000 .00	ONT S \$ \$ \$ \$ \$.00 .00 2004 HLY AVERA COST PER USER 36.17 .00 47.66 11.92 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 .00 .00 AGE 6,214 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0 0 0 0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 28 0 19 9 0 0 0 248 0 0 248 0 0	O O O O O O O O O O O O O O O O O O O	ONG T	.00 .00 .00 MONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,012.84 .00 .905.59 107.25 .00 .00 .00 .00 .1,714.17 .00 .00 .00 .1,714.17 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$ \$ \$.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47 .00 17.09 6.31 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025 .000 .019 .006 .000 .000 .000 .000 .000 .000 .00	ONT S \$ \$ \$ \$ \$.00 .00 2004 HLY AVERA COST PER USER 36.17 .00 47.66 11.92 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - () I	.00 .00 .00 AGE 6,214 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER GTOTAL HOSPITAL	0 0 0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 28 0 19 9 0 0 0 248 0 0 0 248 0 0 0	O O O O O O O O O O O O O O O O O O O	ONG T	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$ \$ \$ \$ \$.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47 .00 17.09 6.31 .00 .00 .00 .00 6.28 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025 .000 .019 .006 .000 .000 .000 .000 .000 .000 .00	ONT S \$ \$ \$ \$ \$.00 .00 2004 HLY AVERA COST PER USER 36.17 .00 47.66 11.92 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S S S S S S S S S S S S S S S S	.00 .00 .00 AGE 6,214 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 2,812 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0 0 0 0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER USERS 28 0 19 9 0 0 0 248 0 0 248 0 0	O O O O O O O O O O O O O O O O O O O	ONG T	.00 .00 .00 MONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,012.84 .00 .905.59 107.25 .00 .00 .00 .00 .1,714.17 .00 .00 .00 .1,714.17 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$ \$ \$ \$ \$.00 .00 I FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 14.47 .00 17.09 6.31 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .025 .000 .019 .006 .000 .000 .000 .000 .000 .000 .00	ONT S S S S SSSSS	.00 .00 2004 HLY AVERA COST PER USER 36.17 .00 47.66 11.92 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - () I	.00 .00 .00 AGE 6,214 03/14/05

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	57	0	51,573.11	.00	.000	904.79	18.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	81	242	4,525.35	18.70	.086	55.87	1.61
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	28.10	9.37	.001	14.05	.01
RADIOLOGY	3	3	47.43	15.81	.001	15.81	.02
ROOM USE	3	3	124.42	41.47	.001	41.47	.04
CROSSOVERS/ALL OTH OUTPTNT	77	233	4,325.40	18.56	.083	56.17	1.54
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

MADERA COUNTY	SUMMARY OF SERVICE		ONC '	TEDM CADE - ACED		AID CODE	13				03/11/03
MADERA COUNTI	SUMMARI OF SERVICE	T - NIM AOJ CI	JONG	IERM CARE - AGED		AID CODE	M			CE	
2 012 FLICTRIFE	HOEDO ID	.T. O.			3 377	1D3 CD COCH				-	
2,812 ELIGIBLES		IITS OF SERVIC		EXPENDITURES			UNITS/DAY				COST PER
	(OR DAYS OF CAF					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	133	275	\$	97,843.46		355.79			735.67	Ş	
COMM HOSP INPATIENT TOTAL	59	33		93,318.11	L	2827.82	.012		1581.66		33.19
HSC HOSPITALS	59 2 0	33		41,745.00)	1265.00	.012		20872.50		14.85
NON-HSC HOSPITALS TOTAL	0	0		.00)	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00)	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00)	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		0.0)	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		0.0)	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0	0		41,745.00 .00 .00 .00 .00 .00 51,573.11 .00 4,525.35)	.00	.000		.00		.00
TNDAMIENM CDOCCOVEDC	0 57 0 81	0		51 E72 11) 	.00	.000		004.70		18.34
INPATIENT CROSSOVERS	37	0		31,3/3.11	L.				904.79		
ALL OTHER INPATIENT	0	0		.00) -	.00	.000				.00
COMM HOSP OUTPATIENT TOTAL	81	242		4,525.35)	18.70	.086		55.87		1.61
MEDICAL	U	U		.00)	.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	3		28.10)	9.37	.001		14.05		.01
RADIOLOGY	3	3		47.43	3	15.81	.001		15.81		.02
ROOM USE	3	3		124.42	2	41.47	.001		41.47		.04
CROSSOVERS/ALL OTH OUTPTNT	3 3 77	233		4,325.40)	18.56	.083		56.17		1.54
@STATE HOSPITAL	12	366	Ś	161,061.78		440.06	.130	Ś	13421.82	Ś	57.28
MENTALLY ILL		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	12	366		161,061.78		440.06	.130		13421.82		57.28
@NURSING FACILITY	2 377	75 , 914	¢	7,571,773.67		99.74			3185.43	Ċ	
LEV A-INTERMEDIATE	2,311	75,914	Y	.00		.00	.000	Y	.00	Y	.00
LEV A-INIERMEDIALE	3 3 77 12 0 12 2,377 0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0										
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	5	207		89,677.12		433.22	.074		17935.42		31.89
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2 , 373	75 , 707		7,482,096.55		98.83	26.923		3153.01		2660.77
@INTERMEDIATE CARE FACILDD	54	1,591	\$	288,155.15	5 \$	181.12	.566	\$	5336.21	\$	102.47
ICF DDH	11	329		51,016.21	L	155.06	.117		4637.84		18.14
ICF DD	0	0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	43	1,262		237,138.94	1	187.91	.449		5514.86		84.33
@HEMODIALYSIS TOTAL	0	. 0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER	0 5 0 2,373 54 11 0 43 0	0		.00		.00	.000		.00		.00
GREHABILITATION FACILITY	Ô	0	Ś	.00		.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	т	.00		.00	.000	т	.00	Τ.	.00
INDEDENDENT EXCTITUV	0	0		.00		.00	.000		.00		.00
INDEFENDENT FACILITY	O	14	\$	185.69		13.26	.005	Ċ		ċ	.07
GLABORATORY FACILITY	5	14	Ş					Þ	37.14	Ş	
PATHOLOGY	5			185.69		13.26	.005		37.14		.07
XO AND OTHERS	0	0		.00		.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	73	121	Ş	4,364.76		36.07	.043	Ş	59.79	Ş	1.55
CLINIC	0	0		.00		.00	.000		.00		.00
0011010111111	_	1		194.41		194.41	.000		194.41		.07
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	72	120		4,170.35	5	34.75	.043		57.92		1.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	JRES I	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 6,216
MOP024	FEE-FOR-SERVICE/DE	CNTAL									03/14/05
MADERA COUNTY	SUMMARY OF SERVICE		ONG '	TERM CARE - AGED		AID CODE	13				, , - 0
				11000							

2,812 ELIGIBLES		IITS OF SERVI	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CA		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	300	19 , 582	\$ 46,250.23		6.964	\$ 154.17	\$ 16.45
DURABLE MED. EQUIP.	25	286	8 , 356.50	29.22		334.26	2.97
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	10	3,721.71	372.17	.004	1240.57	1.32
MEDICAL TRANSPORTATION	184	5 , 292	21,146.86	4.00	1.882	114.93	7.52
AMBULANCES/AIR TRANS	71	993	10,966.83		.353	154.46	3.90
OTHER TRANS	110	4,103	9,951.77	2.43	1.459	90.47	3.54
OTHER SERVICES	10	196	228.26	1.16	.070	22.83	.08
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	33	73	955.73	13.09	.026	28.96	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	24	51	281.41	5.52	.018	11.73	.10
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	100.37	50.19	.001	50.19	.04
SPEECH AND AUDIOLOGY	15	26	4,416.21	169.85	.009	294.41	1.57
HOSPICE SERVICES	2	37	4,105.88	110.97	.013	2052.94	1.46
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	13,805	3,165.56	.23	4.909	113.06	1.13
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000		
@XOVER EXCLUDING STATE HOSP**	1,124	20,771	\$ 289,990.30	•	7.387	•	\$ 103.13
0* TOTALS IN THESE LINES ARE GI	-	•	•	· -			

----- MONTHLY AVERAGE -----

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,217
MOPD24 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

INIDDIGI COONII	DOLLINIC OF DELL	VICED IOIC	T.TIA	ПОТІО	THICH CINCH PHIL	V 12	1110 0000	25			
								MO	ONTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVI	CE	EXPENDITURE	ES A	VERAGE COST	UNITS/DAYS	S COST PER	C	OST PER
		OR DAYS	OF CA	RE		P	ER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	4		116	\$	9,931.5	51 \$	85.62	.000	\$ 2482.88	\$.00
@PHYSICIANS SERVICES	0		0	\$. (00 \$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		. (0 (.00	.000	.00		.00
OFFICE VISITS	0		0		. (0 (.00	.000	.00		.00
HOME VISITS	0		0		. (0 (.00	.000	.00		.00
EMERGENCY ROOM	0		0		. (0 (.00	.000	.00		.00
PREVENTIVE CARE	0		0		. (0 (.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		. (0 (.00	.000	.00		.00
OTHER OUTPATIENT	0		0		. (0 (.00	.000	.00		.00
INPATIENT VISITS	0		0		. (0 (.00	.000	.00		.00
HOSPITAL VISITS	0		0		. (0 (.00	.000	.00		.00
CRITICAL CARE	0		0		. (0 (.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		. (0 (.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		. (0 (.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
PRINCIPAL SURGEON	U	•		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	4	25	\$	1,822.91	\$	72.92		\$	455.73	Ś	.00
PRESCRIPTION DRUGS	1	25	۲	1,822.91	Y	72.92	.000	Ψ	455.73	۲	.00
	4	25				72.92	.000		455.73		
SNF/ICF	4			1,822.91							.00
OUTPATIENTS	U	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	Ô	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0									
SPACE MAINTAINERS	U	U		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	U	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	O	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	RES	MONTH-OF-PAYMENT R	EPOR1	r for jan 2	2004 THRU 1	DEC	2004	I	PAGE 6,218
MOP024	FEE-FOR-SERVIC	E/DENTAL									03/14/05
MADERA COUNTY	SUMMARY OF SER	VICES FOR MN - LO	NG	TERM CARE - BLIND		AID CODE	23				
							M	TNC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000		.00	Ś	.00
DIAGNOSTIC AND ANC. PROCED	0	Ö	Τ.	.00	Ψ.	.00	.000	Ψ.	.00	~	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
	0	0									
OTHER OPTOMETRIC SERVICES	-		Ś	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@CHIROPRACTOR	0	0	Ş	.00	\$.00	.000	Ş	.00	Ş	
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		.00		.00
	9	3	т.	• 0 0	т	• • • •	• 0 0 0	7	• • • •	~	• • • •

							+ 00
NURSE MIDWIFE	U	0 \$		\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$		\$.00	.000 \$.00	•
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	0		.00	.00	.000	.00	.00
ROOM USE	Ü	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Ô	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	U	· · · · · · · · · · · · · · · · · · ·	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DEC	2004	PAGE 6,219
MOP024	FEE-FOR-SERVICE/D	ENTAL					03/14/05
MADERA COUNTY	SUMMARY OF SERVIC	ES FOR MN - LONG	TERM CARE - BLIND	AID CODE	23		
					MONT	HLY AVERAG	E
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
** ======		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00			
	•	0					
HSC HOSPITALS	0	U	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
ADD OTHER INCATTENT	O	U	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	91	\$ 8,108.60	\$ 89.11	.000	\$ 2702.87	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	91	8,108.60	89.11	.000	2702.87	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER 0 0 .00 .00 .000 .00 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .000 .00 .00 .00 RURAL HEALTH CLINIC Ω Ω .00 .00 .000 .00 PAGE 6,220 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

					MONT	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MADERA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,221 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

						MON	THLY AVERA	GE -	
488 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	537	186,741	\$	3,025,171.36	\$ 16.20	382.666	5633.47	\$	6199.12
@PHYSICIANS SERVICES	140	531	\$	18,361.52	\$ 34.58	1.088	131.15	\$	37.63
OUTPATIENT VISITS	16	23		1,056.94	45.95	.047	66.06		2.17
OFFICE VISITS	5	6		173.45	28.91	.012	34.69		.36
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	9	9		702.82	78.09	.018	78.09		1.44
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	6	8		180.67		22.58	.016		30.11		.37
INPATIENT VISITS	42	260		11,301.06		43.47	.533		269.07		23.16
HOSPITAL VISITS	6	75		3,168.03		42.24	.154		528.01		6.49
CRITICAL CARE	2	19		1,996.90		105.10	.039		998.45		4.09
SNF/ICF/TRANS IP CARE	40	166		6,136.13		105.10 36.96	.340		153.40		12.57
OPHTHALMOLOGICAL SERVICES	6	6		187.18		31.20	.012		31.20		.38
EXAMINATIONS	6	6		187.18		31.20	.012		31.20		.38
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	5	0 13		1,063.70		81.82	.027		212.74		2.18
PRINCIPAL SURGEON	4	8		955.68		119.46	.016		238.92		1.96
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	5		108.02		21.60	.010		108.02		.22
OUTPATIENT SURGERY	3	14		408.65		29.19	.029		136.22		.84
PRINCIPAL SURGEON	1	1		74.65		74.65	.002		74.65		.15
ASSISTANT SURGEON	0	0		.00		.00	000		0.0		.00
ANESTHESIOLOGIST	2	13		334.00		25.69	.027		167 00		.68
DIALYSIS	0	0		.00		.00	.000		00		.00
PATHOLOGY	2	2		52.80		26.40	.004		167.00 .00 26.40		.11
RADIOLOGY	9	36		1 215 58		33.77	.074		26.40 135.06		2.49
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	83	0 0 177		3 , 075.61		17.38	.363		37.06		6.30
	471	138,819	\$	275,825.88	Ċ	1 00	284.465			Ċ	
PRESCRIPTION DRUGS	471 463 397	2,869	۲	248,478.14	Ą	86.61	5.879	۲	536.67	۲	509.18
SNF/ICF	307	2,519		222,484.44		88.32	5.162		560.41		455.91
OTTED A MILENTAGE	91	350					.717		285.65		53.27
OUTPATIENTS MEDICAL SUPPLIES @DENTIST	170	135,950		27,347.74		74.27 .20	278.586		160.87		56.04
@DENTIST	31	194	\$					ċ	187.44	ċ	
VISITS - DIAGNOSTIC	29	161	Ą	5,810.67 2,222.00	ې	13.80	.330		76.62		4.55
	29	2		90.00		45.00	.004		45.00		.18
ORAL SURGERY	0	0							.00		
DRUGS	0	0		.00		.00	.000				.00
ANESTHESIA	6	7		.00		.00	.000		.00		.00
PERIODONTICS	6	/		1,021.00		145.86 330.00	.014		170.17		2.09
ENDODONTICS	2	13				330.00	.004		330.00		1.35
RESTORATIVE DENTISTRY	6	13		599.00		46.08	.027		99.83		1.23
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		280.00		140.00	.004		280.00		.57
SPACE MAINTAINERS	0	0		.00		.00	.000		.00 134.10		.00
MAXILLOFACIAL SERVICES	7	7				134.10					1.92
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES :	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P2	
MOP024	FEE-FOR-SERVICE										03/14/05
MADERA COUNTY	SUMMARY OF SERV	JICES FOR MN - LO	ONG	TERM CARE - DISABLE	ΞD	AID CODE					
							M			-	
488 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
_	_	OR DAYS OF CARI					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	4	\$	90.30	\$	22.58	.008	Ş	45.15	\$.19
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.002		47.45		.10
EYE APPLIANCES	1	3		42.85		14.28	.006		42.85		.09
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	_	.00		.00
@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.004	Ş	33.44	Ş	.07
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	2		33.44		16.72	.004		33.44		.07
@PODIATRIST	21	22	\$	140.43	\$	6.38	.045	Ş	6.69	Ş	.29

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	21	22	140.43	6.38	.045	6.69	.29
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		
@TOTAL HOSPITAL	72	283 \$	133,298.60	\$ 471.02	.580 \$	1851.37	\$ 273.15
HOSP INPATIENT TOTAL	14	82	128,674.61	1569.20	.168	9191.04	263.68
HSC HOSPITALS	5	82	118,918.00	1450.22	.168	23783.60	243.68
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	Ö	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	0	9,756.61	.00	.000	1084.07	19.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	59	201	4,623.99	23.00	.412	78.37	9.48
MEDICAL	5	6	372.85	62.14	.012	74.57	.76
SURGERY	1	1	12.72	12.72	.002	12.72	.03
PATHOLOGY	25	90	878.16	9.76	.184	35.13	1.80
RADIOLOGY	7	10	738.53	73.85	.020	105.50	1.51
ROOM USE	15	21	728.85	34.71	.043	48.59	1.49
CROSSOVERS/ALL OTH OUTPINT	31	73	1,892.88	25.93	.150	61.06	3.88
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES I					PAGE 6,223
MOP024	FEE-FOR-SERVICE		MONIII OF FAIMENT RE	SPORT FOR OAN 2	TO OH THEO DE	C 2004	03/14/05
MADERA COUNTY		ICES FOR MN - LONG '	TERM CARE - DISARIE	ED AID CODE	63		03/14/03
MADERA COUNTI	SOMMANT OF SERV	ICES FOR MIN LONG	TERM CARE DISABLE	ID AID CODE	MON	THIV AVERA	CF
488 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
100 111011110	OBLIND	OR DAYS OF CARE	HAT HAD I TOKED	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	72	283 \$	133,298.60	\$ 471.02		1851.37	
COMM HOSP INPATIENT TOTAL	14	82	128,674.61	1569.20	.168	9191.04	263.68
HSC HOSPITALS	5	82	118,918.00	1450.22	.168	23783.60	243.68
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
110 0 011110 2111 1 0110	ŭ	Ŭ	• 5 0	• • • •	• • • •	• • • •	• • • •

A DMINIT CED A ELLID DAMO	0	0		0.0		0.0	000		0.0		0.0
ADMINISTRATIVE DAYS	7	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	9	0		9,756.61		.00	.000		1084.07		19.99
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	59	201		4,623.99		23.00	.412		78.37		9.48
MEDICAL	5	6		372.85		62.14	.012		74.57		.76
SURGERY	1	1		12.72		12.72	.002		12.72		.03
PATHOLOGY	25	90		878.16		9.76	.184		35.13		1.80
RADIOLOGY	7	10		738.53		73.85	.020		105.50		1.51
ROOM USE	15	21		728.85		34.71	.043		48.59		1.49
CROSSOVERS/ALL OTH OUTPTNT		73		1,892.88		25.93	.150		61.06		3.88
	0		Ċ		Ċ			Ċ		Ċ	
@STATE HOSPITAL	7	0	\$.00	\$.00	.000	\$.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	169	5 , 467	\$	836,504.10	\$	153.01	11.203	\$	4949.73	\$	1714.15
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	5	183		19,144.21		104.61	.375		3828.84		39.23
LEV B-SUBACUTE FREESTANDING	11	328		105,654.42		322.12	.672		9604.95		216.50
LEV B-SUBACUTE HSPTL BASED	9	427		226,805.61		531.16	.875		25200.62		464.77
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	145	4,529		484,899.86		107.07	9.281		3344.14		993.65
@INTERMEDIATE CARE FACILDD	145 297	9,193	\$	1,721,249.43	\$	187.23	18.838	Ś	5795.45	Ś	
ICF DDH	48	1,456	Υ	229,212.63	Y	157.43	2.984	7	4775.26	٧	469.70
ICF DD	0	1,450		.00		.00	.000		.00		.00
	249					192.84					3057.45
ICF DDN/DDCN		7,737	<u>^</u>	1,492,036.80	<u> </u>		15.855	<u>^</u>	5992.12	<u> </u>	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	15	\$	129.56	\$	8.64	.031	\$	64.78	\$.27
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	2	15		129.56		8.64	.031		64.78		.27
@LABORATORY FACILITY	19	78	\$	839.82	\$	10.77	.160	\$	44.20	\$	1.72
PATHOLOGY	19	78		839.82		10.77	.160		44.20		1.72
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	74	121	\$	5,377.34	\$	44.44	.248	Ś	72.67	\$	11.02
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	6	25		933.36		37.33	.051		155.56		1.91
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	68	96		4,443.98		46.29	.197		65.35		9.11
#CALIF DEPT OF HEALTH SERV			IDEC	MONTH-OF-PAYMENT F	ים חחם			DEC		D	AGE 6,224
MOP024	FEE-FOR-SERVICE		JKES	MONIH-OF-FAIMENI F	ALFOR.	I FOR JAN 2	2004 INKO	טבכ	. 2004	r	03/14/05
			ONG	MEDM CADE DICADI		ATD CODE	(2				03/14/03
MADERA COUNTY	SUMMARY OF SERV	ICES FOR MN - 1	LONG	TERM CARE - DISABI	LED	AID CODE		r n n m		CE	
400 BI TGTDI BG	HOEDO	UNITS OF SERVIC	20		70 7 7 7 7				HLY AVERA	-	
488 ELIGIBLES	USERS			EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	122	32,012	\$	27,510.27	\$.86	65.598	\$	225.49	Ş	56.37
DURABLE MED. EQUIP.	13	100		11,341.78		113.42	.205		872.44		23.24
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	17	178		2,618.49		14.71	.365		154.03		5.37
AMBULANCES/AIR TRANS	13	141		2,409.89		17.09	.289		185.38		4.94
OTHER TRANS	4	34		175.00		5.15	.070		43.75		.36
OTHER SERVICES	3	3		33.60		11.20	.006		11.20		.07
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
	0	ő		.00		• • •	• • • •		. 50		• • •

ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	3	7		70.61	10.09	.014	23.54	.14
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1		46.44	46.44	.002	46.44	.10
SPEECH AND AUDIOLOGY	27	81		3,734.86	46.11	.166	138.33	7.65
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	1,173		4,064.99	3.47	2.404	203.25	8.33
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	54	30,472		5,633.10	.18	62.443	104.32	11.54
@CALIF. CHILDREN SERVICES*	4	23	\$	555.09	\$ 24.13	.047	\$ 138.77	\$ 1.14
@XOVER EXCLUDING STATE HOSP**	172	36 , 275	\$	34,998.67	\$.96	74.334	\$ 203.48	\$ 71.72
A* TOTALS IN THESE LINES ARE CIVEN	שתאסאסשט א סג ז	TMEODMATTON	TTEM ONIV.					

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDOE DININ INCE INCEODED I	., 1112 111110111111111111111111111111111	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,225
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	€		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
SERVICES AND MATERIALS		0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	•	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	
	0	0	.00	.00		.00	.00
ANESTHESIA	0	0			.000		.00
PERIODONTICS	•	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	U	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	U	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MOD	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DEC	2004	PAGE 6,226
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
MADERA COUNTY	SUMMARY OF SERVI	CES FOR MN - LONG TE	RM CARE - FAMILIE	S DISCONTINU	JED		
					MONT	HLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
	-	-					

	2	0		0.0	0.0	0.00	0.0		0.0
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	Ô	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
	0				·	·			
NURSE ANESTHESIST	U	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	Ü	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	Û	ñ		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
	-	0							
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	Û	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
	0		Ć					Ċ	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	Û	ñ		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
	0								
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	U	Ü		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-O	F-PAYMENT RE	PORT FOR JAN	2004 THRU DEC	2004	PAGE	6,227
MOP024	FEE-FOR-SERVICE/DENTAL								/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	MN - LOI	NG TERM CAI	RE - FAMILIE	S DISCONTIN	UED			
		101						~=	

		OR DAYS OF CARE			PF.	R UNIT/DAY	PER ELIG		USER	F	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DATS OF CARE	\$.00	\$.00	.000		.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	τ	.00	т	.00	.000	Τ.	.00	т	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
	0	0		.00					.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0				.00	.000				.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	•	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	<u> </u>	.00	<u>^</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0				.00					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT E	REPOR'	r for jan 2	004 THRU	DEC	2004	PI	AGE 6,228
	FEE-FOR-SERVICE										03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR MN - LC	NG TE	RM CARE - FAMILI	IES						
							M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER	Ε	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	. 0 0 0		. 0 0		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@*}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,229
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

MADERA COUNTI	DOMINANT OF DEIN	VICES FOR MIN HONG	יו ב	INT CAINE TOTAL					
						MON	THLY AVERA	GE ·	
3,300 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,641	328,145	\$	12,156,381.38	\$ 37.05	99.438 \$	3338.75	\$	3683.75
@PHYSICIANS SERVICES	513	1,266	\$	33,340.52	\$ 26.34	.384 \$	64.99	\$	10.10
OUTPATIENT VISITS	21	30		1,289.56	42.99	.009	61.41		.39
OFFICE VISITS	8	9		244.65	27.18	.003	30.58		.07
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	11	11		835.28	75.93	.003	75.93		.25
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	7	10		209.63	20.96	.003	29.95		.06
INPATIENT VISITS	91	381		14,548.19	38.18	.115	159.87		4.41
HOSPITAL VISITS	13	120		4,471.49	37.26	.036	343.96		1.35
CRITICAL CARE	2	19		1,996.90	105.10	.006	998.45		.61
SNF/ICF/TRANS IP CARE	84	242		8,079.80	33.39	.073	96.19		2.45
OPHTHALMOLOGICAL SERVICES	10	10		281.63	28.16	.003	28.16		.09
EXAMINATIONS	10	10		281.63	28.16	.003	28.16		.09
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	8	30		2,867.89	95.60	.009	358.49		.87
PRINCIPAL SURGEON	7	13		2,477.84	190.60	.004	353.98		.75
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	17		390.05	22.94	.005	195.03		.12

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	3	14		408.65		29.19	.004		136.22		.12
PRINCIPAL SURGEON	1	1		74.65		74.65	.000		74.65		.02
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	13		334.00		25.69	.004		167.00		.10
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	6		205.66		34.28	.002		51.42		.06
RADIOLOGY	17	61		1,463.36		23.99	.018		86.08		.44
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	403	734		12,275.58		16.72	.222		30.46		3.72
@PHARMACY	2,939	180,987	\$	1,199,937.55	\$	6.63	54.845	\$	408.28	\$	363.62
PRESCRIPTION DRUGS	2,912	18,434		1,163,227.36		63.10	5.586		399.46		352.49
SNF/ICF	2,765	17 , 574		1,113,859.24		63.38	5.325		402.84		337.53
OUTPATIENTS	193	860		49,368.12		57.40	.261		255.79		14.96
MEDICAL SUPPLIES	283	162,553		36,710.19		.23	49.258		129.72		11.12
@DENTIST	119	397	\$	17,419.67	\$	43.88	.120	\$	146.38	\$	5.28
VISITS - DIAGNOSTIC	101	305		5,116.00		16.77	.092		50.65		1.55
ORAL SURGERY	7	28		1,917.00		68.46	.008		273.86		.58
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	6	7		1,021.00		145.86	.002		170.17		.31
ENDODONTICS	2	2		660.00		330.00	.001		330.00		.20
RESTORATIVE DENTISTRY	7	14		647.00		46.21	.004		92.43		.20
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	22	34		7,120.00		209.41	.010		323.64		2.16
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	7	7		938.67		134.10	.002		134.10		.28
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		JRES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 6,230
MOP024	FEE-FOR-SERVICE/DEN	ΓAL									03/14/05

MADERA COUNTY	SUMMARY OF SERV	TICES FOR MIN - LONG	TERM CARE - TOTAL	MONTHLY AVERAGE			
3,300 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
5,500 ELIGIBLES	CALICO	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	30	74 \$	1,103.14	\$ 14.91	.022 \$	36.77	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.01
EYE APPLIANCES	20	56	948.44	16.94	.017	47.42	.29
OTHER OPTOMETRIC SERVICES	9	17	107.25	6.31	.005	11.92	.03
	1						
@CHIROPRACTOR	0	•	33.44	\$ 16.72	.001 \$	33.44	
VISITS	1	0	.00	.00	.000	.00	.00
OTHER SERVICES		2	33.44	16.72	.001	33.44	.01
@PODIATRIST	269	295 \$	1,854.60	\$ 6.29	.089 \$		\$.56
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	269	295	1,854.60	6.29	.089	6.89	.56
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	1	1 \$		\$ 40.00	.000 \$		\$.01
@TOTAL HOSPITAL	205	558 \$	231,142.06	\$ 414.23	.169 \$	1127.52	\$ 70.04
HOSP INPATIENT TOTAL	73	115	221,992.72	1930.37	.035	3041.00	67.27
HSC HOSPITALS	7	115	160,663.00	1397.07	.035	22951.86	48.69
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	66	0	61,329.72	.00	.000	929.24	18.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	140	443	9,149.34	20.65	.134	65.35	2.77
MEDICAL	5	6	372.85	62.14	.002	74.57	.11
SURGERY	1	1	12.72	12.72	.000	12.72	.00
PATHOLOGY	27	93	906.26	9.74	.028	33.57	.27
RADIOLOGY	10	13	785.96	60.46	.004	78.60	.24
ROOM USE	18	24	853.27	35.55	.007	47.40	.26
CROSSOVERS/ALL OTH OUTPTNT		306	6,218.28	20.32	.093	57.58	1.88
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	•	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
	0	0		.00			
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE	0	0	.00	.00	.000	.00	.00
MOOM OSE	U	U	.00	.00	.000	.00	.00

MADERA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

MADERA COUNTY	SUMMARY OF SERVIC	ES FOR MN - LONG	TERM CARE - TOTAL					
0 000						MONTHLY AVERA	AGE	
3,300 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE		PER UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	205	558 \$	231,142.06	\$ 414.23	.169		\$	70.04
COMM HOSP INPATIENT TOTAL	73	115	221,992.72	1930.37	.035	3041.00		67.27
HSC HOSPITALS	7	115	160,663.00	1397.07	.035	22951.86		48.69
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	66	0	61,329.72	.00	.000	929.24		18.58
ALL OTHER INPATIENT	0	Õ	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	140	443	9,149.34	20.65	.134	65.35		2.77
MEDICAL	5	6	372.85	62.14	.002	74.57		.11
SURGERY	1	1	12.72	12.72	.002	12.72		.00
	27	93						
PATHOLOGY			906.26	9.74	.028	33.57		.27
RADIOLOGY	10	13	785.96	60.46	.004	78.60		.24
ROOM USE	18	24	853.27	35.55	.007	47.40		.26
CROSSOVERS/ALL OTH OUTPTNT		306	6,218.28	20.32	.093	57.58		1.88
@STATE HOSPITAL	12	366 \$	161,061.78	\$ 440.06	.111	\$ 13421.82	\$	48.81
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	12	366	161,061.78	440.06	.111	13421.82		48.81
@NURSING FACILITY	2,549	81 , 472 \$	8,416,386.37	\$ 103.30	24.688	\$ 3301.84	\$	2550.42
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	5	183	19,144.21	104.61	.055	3828.84		5.80
LEV B-SUBACUTE FREESTANDING	11	328	105,654.42	322.12	.099	9604.95		32.02
LEV B-SUBACUTE HSPTL BASED	14	634	316,482.73	499.18	.192	22605.91		95.90
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	2,521	80,327	7,975,105.01	99.28	24.342	3163.47		2416.70
@INTERMEDIATE CARE FACILDD	351	10,784 \$	2,009,404.58	\$ 186.33	3.268	\$ 5724.80	Ś	608.91
ICF DDH	59	1,785	280,228.84	156.99	.541	4749.64		84.92
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	292	8,999	1,729,175.74	192.15	2.727	5921.83		523.99
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	Ġ	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	~	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	2	15 \$	129.56	\$ 8.64	.005		\$.04
	0	0		•	.000	•	ې	.00
HOSPITAL BASED	2	15	.00	.00 8.64		.00 64.78		.00
INDEPENDENT FACILITY			129.56		.005		<u>^</u>	
@LABORATORY FACILITY	24	92 \$	1,025.51	\$ 11.15	.028	\$ 42.73	\$.31
PATHOLOGY	24	92	1,025.51	11.15	.028	42.73		.31
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	147	242 \$	9,742.10	\$ 40.26	.073		\$	2.95
CLINIC	0	0	.00	.00	.000	.00		.00
SURGICENTER	7	26	1,127.77	43.38	.008	161.11		.34
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	140	216	8,614.33	39.88	.065	61.53		2.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT H		2004 THRU		F	PAGE 6,232
MOP024	FEE-FOR-SERVICE/I	ENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICE	ES FOR MN - LONG	TERM CARE - TOTAL					

3,300 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	_	USER	ELIGIBLE
@ALL OTHER PROVIDERS	422	51,594	\$	73 , 760.50	\$ 1.43	15.635	\$ 174.79	•
DURABLE MED. EQUIP.	38	386		19,698.28	51.03	.117	518.38	5.97
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	10		3,721.71	372.17	.003	1240.57	1.13
MEDICAL TRANSPORTATION	201	5 , 470		23,765.35	4.34	1.658	118.24	7.20
AMBULANCES/AIR TRANS	84	1,134		13,376.72	11.80	.344	159.25	4.05
OTHER TRANS	114	4,137		10,126.77	2.45	1.254	88.83	3.07
OTHER SERVICES	13	199		261.86	1.32	.060	20.14	.08
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	36	80		1,026.34	12.83	.024	28.51	.31
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	24	51		281.41	5.52	.015	11.73	.09
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	3	3		146.81	48.94	.001	48.94	.04
SPEECH AND AUDIOLOGY	42	107		8,151.07	76.18	.032	194.07	2.47
HOSPICE SERVICES	2	37		4,105.88	110.97	.011	2052.94	1.24
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	1,173		4,064.99	3.47	.355	203.25	1.23
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	82	44,277		8,798.66	.20	13.417	107.30	2.67
@CALIF. CHILDREN SERVICES*	4	23	\$	555.09	\$ 24.13	.007	\$ 138.77	\$.17
@XOVER EXCLUDING STATE HOSP**	1,296	57,046	\$	•	\$ 5.70	17.287	\$ 250.76	\$ 98.48

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,233
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

THIDDIUL COONTI	DOMINICI OF DELC	VICED FOR HEDICA	ייי דעעי	11000					
						MC	NTHLY AVERA	GE -	
8,397 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	COST PER
		OR DAYS OF CAR	RΕ		PER UNIT/DAY	PER ELIG	USER	E	CLIGIBLE
@TOTAL, ALL PROVIDERS	7,768	348 , 658	\$	11,178,800.56	\$ 32.06	41.522	\$ 1439.08	\$	1331.29
@PHYSICIANS SERVICES	1,476	4,399	\$	116,279.52	\$ 26.43	.524	\$ 78.78	\$	13.85
OUTPATIENT VISITS	234	342		13,498.51	39.47	.041	57.69		1.61
OFFICE VISITS	206	299		10,366.84	34.67	.036	50.32		1.23
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	36	40		3,056.95	76.42	.005	84.92		.36
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	2	3		74.72	24.91	.000	37.36		.01
INPATIENT VISITS	80	279		10,373.92	37.18	.033	129.67		1.24
HOSPITAL VISITS	25	173		6,605.40	38.18	.021	264.22		.79
CRITICAL CARE	4	9		906.30	100.70	.001	226.58		.11
SNF/ICF/TRANS IP CARE	58	97		2,862.22	29.51	.012	49.35		.34
OPHTHALMOLOGICAL SERVICES	49	55		1,614.36	29.35	.007	32.95		.19

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	49		55		1,614.36		29.35	.007		32.95		.19
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	15		47		4,072.90		86.66	.006		271.53		.49
PRINCIPAL SURGEON	11		16		3,237.12		202.32	.002		294.28		.39
ASSISTANT SURGEON	1		1		101.08		101.08	.000		101.08		.01
ANESTHESIOLOGIST	5		30		734.70		24.49	.004		146.94		.09
OUTPATIENT SURGERY	53	1	0.5		20,981.93		199.83	.013		395.89		2.50
PRINCIPAL SURGEON	43		52		19,353.43		372.18	.006		450.08		2.30
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	13		53		1,628.50		30.73	.006		125.27		.19
DIALYSIS	1		2		144.32		72.16	.000		144.32		.02
PATHOLOGY	104	1	85		2,824.13		15.27	.022		27.16		.34
RADIOLOGY	127		31		5,943.51		25.73	.028		46.80		.71
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	14		15		7,530.60		502.04	.002		537.90		.90
OTHER SERVICES/ALL X-OVERS	1,130	3,1	38		49,295.34		15.71	.374		43.62		5.87
@PHARMACY	6,175	212,1		\$	2,028,041.63	\$	9.56	25.268	\$		\$	241.52
PRESCRIPTION DRUGS	6,030	29,6		•	1,970,584.44	·	66.44	3.532	•	326.80	•	234.68
SNF/ICF	2,467	15,7			923,899.00		58.82	1.871		374.50		110.03
OUTPATIENTS	3,598	13,9			1,046,685.44		75.02	1.662		290.91		124.65
MEDICAL SUPPLIES	694	182,5			57,457.19		.31	21.736		82.79		6.84
@DENTIST	320	1,2		\$	56,371.75	\$	44.60	.151	\$		\$	6.71
VISITS - DIAGNOSTIC	230		88		9,747.25		12.37	.094		42.38		1.16
ORAL SURGERY	41		58		10,551.50		66.78	.019		257.35		1.26
DRUGS	1	_	3		45.00		15.00	.000		45.00		.01
ANESTHESIA	1		1		100.00		100.00	.000		100.00		.01
PERIODONTICS	21		21		1,914.00		91.14	.003		91.14		.23
ENDODONTICS	7		9		1,556.00		172.89	.001		222.29		.19
RESTORATIVE DENTISTRY	42		19		7,016.00		58.96	.014		167.05		.84
PROSTHETICS	1		1		30.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	72	1	46		25,412.00		174.05	.017		352.94		3.03
SPACE MAINTAINERS	0	_	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	6		18		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPEN	DITURES	s MO	NTH-OF-PAYMENT RI	EPOR			DEC		P	AGE 6,234
MOP024	FEE-FOR-SERVICE		21101120		01 111111111111111111111111111111					2001		03/14/05
MADERA COUNTY	SUMMARY OF SERV	•	DTCALLY	Y NE	EDY - AGED							
·— • • • · · · · · · ·	01 01111	,						M	ONTE	HLY AVERA	GE ·	
8,397 ELIGIBLES	USERS	UNITS OF SE	RVICE		EXPENDITURES	AV	ERAGE COST					COST PER
-,		OR DAYS OF					R UNIT/DAY		_	USER		ELIGIBLE
@OPTOMETRIST	118		78 \$	\$	5,202.52	\$	18.71	.033		44.09		.62

						M	OIN.	THLY AVERA	GE	
8,397 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	118	278	\$ 5,202.52	\$	18.71	.033	\$	44.09	\$.62
DIAGNOSTIC AND ANC. PROCED	12	14	450.95		32.21	.002		37.58		.05
EYE APPLIANCES	72	194	3,265.62		16.83	.023		45.36		.39
OTHER OPTOMETRIC SERVICES	42	70	1,485.95		21.23	.008		35.38		.18
@CHIROPRACTOR	8	13	\$ 162.18	\$	12.48	.002	\$	20.27	\$.02
VISITS	2	5	83.60		16.72	.001		41.80		.01
OTHER SERVICES	6	8	78.58		9.82	.001		13.10		.01
@PODIATRIST	289	332	\$ 2,344.92	\$	7.06	.040	\$	8.11	\$.28
MEDICINE/INJECTIONS	7	7	211.50		30.21	.001		30.21		.03
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	282	325	2,133.42		6.56	.039		7.57		.25
@HOME HEALTH AGENCY	8	30	\$ 2,067.46	\$	68.92	.004	\$	258.43	\$.25
NURSE ANESTHESIST	1	7	\$ 115.93	\$	16.56	.001	\$	115.93	\$.01

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 40.00	\$ 40.00	.000	\$	40.00	\$.00
@TOTAL HOSPITAL	600	2,302	\$ 372 , 992.06	\$ 162.03	.274	\$	621.65	\$ 44.42
HOSP INPATIENT TOTAL	125	132	309,730.80	2346.45	.016		2477.85	36.89
HSC HOSPITALS	13	77	88 , 146.66	1144.76	.009		6780.51	10.50
NON-HSC HOSPITAL TOTAL	5	55	129,214.16	2349.35	.007	2	25842.83	15.39
ACCOMMODATIONS	5	55	40,353.75	733.70	.007		8070.75	4.81
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	5	55	40,353.75	733.70	.007		8070.75	4.81
ANCILLARIES	5	0	88,860.41	.00	.000	-	17772.08	10.58
INPATIENT CROSSOVERS	107	0	92 , 369.98	.00	.000		863.27	11.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	500	2 , 170	63,261.26	29.15	.258		126.52	7.53
MEDICAL	43	68	3,612.12	53.12	.008		84.00	.43
SURGERY	20	23	3,894.61	169.33	.003		194.73	.46
PATHOLOGY	71	277	3,384.16	12.22	.033		47.66	.40
RADIOLOGY	80	113	12,238.00	108.30	.013		152.98	1.46
ROOM USE	50	75	3,965.04	52.87	.009		79.30	.47
CROSSOVERS/ALL OTH OUTPTNT	386	1,614	36 , 167.33	22.41	.192		93.70	4.31
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	EC 2004	PAGE 6,235
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FO	OR MEDICALLY	NEEDY - AGED				

HADEICA COONTI	SOPPART OF SERV	TOES FOR MEDICA.	TTT 14	IEEDI AGED			MO	V TUTIN	717557	CE	
8,397 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7/17/17	ACE COCE	UNITS/DAY:		r per	-	COST PER
0,397 ELIGIBLES	OSEKS	OR DAYS OF CAR		EXPENDITORES			PER ELIG		SER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	600	2,302	\$	372,992.06		162.03	.274		21.65		44.42
	125	132	ې	309,730.80		2346.45	.016		77.85	Ą	36.89
COMM HOSP INPATIENT TOTAL											
HSC HOSPITALS	13	77		88,146.66		144.76	.009		30.51		10.50
NON-HSC HOSPITALS TOTAL	5	55		129,214.16		2349.35	.007		12.83		15.39
ACCOMMODATIONS	5	55		40,353.75		733.70	.007	80	70.75		4.81
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	55		40,353.75		733.70	.007		70.75		4.81
ANCILLARIES	5	0		88,860.41		.00	.000	177	72.08		10.58
INPATIENT CROSSOVERS	107	0		92,369.98		.00	.000	8 (53.27		11.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	500	2,170		63,261.26		29.15	.258	12	26.52		7.53
MEDICAL	43	. 68		3,612.12		53.12	.008		34.00		.43
SURGERY	20	23		3,894.61		169.33	.003		94.73		.46
PATHOLOGY	71	277		3,384.16		12.22	.033		17.66		.40
RADIOLOGY	80	113		12,238.00		108.30	.013		52.98		1.46
ROOM USE	50	75		3,965.04		52.87	.009		79.30		.47
CROSSOVERS/ALL OTH OUTPTNT		1,614		36,167.33		22.41	.192		93.70		4.31
@STATE HOSPITAL	12	366	\$	161,061.78	\$	440.06		\$ 1342		ċ	19.18
-	0	0	ې		ې		.000	۶ 134 <i>i</i>		Ą	
MENTALLY ILL	12	366		.00		.00	.044	1 2 //	.00		.00 19.18
DEVELOP. DISABLED			<u> </u>	161,061.78	^					<u>^</u>	
@NURSING FACILITY	2,493	77,760	\$	7,904,437.04	\$	101.65		\$ 31		Ş	941.34
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	9	298		131,854.81		442.47	.035	146	50.53		15.70
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,485	77 , 462		7,772,582.23		100.34	9.225		27.80		925.64
@INTERMEDIATE CARE FACILDD	54	1,591	\$			181.12		\$ 533		\$	34.32
ICF DDH	11	329		51,016.21		155.06	.039	463	37.84		6.08
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	43	1,262		237,138.94		187.91	.150	552	14.86		28.24
@HEMODIALYSIS TOTAL	27	38	\$	14,309.43	\$	376.56	.005	\$ 52	29.98	\$	1.70
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2.7	38		14,309.43		376.56	.005	52	29.98		1.70
@REHABILITATION FACILITY	1	1	\$	96.24	\$	96.24	.000		96.24	Ś	.01
HOSPITAL BASED	1	1	-	96.24	т	96.24	.000		96.24	т.	.01
INDEPENDENT FACILITY	0	0		.00		.00	.000	•	.00		.00
@LABORATORY FACILITY	98	440	\$	4,538.40	\$	10.31	.052	\$,	16.31	Ś	.54
PATHOLOGY	96	438	Ψ.	4,530.70	Υ	10.34	.052		47.19	7	.54
XO AND OTHERS	2	2		7.70		3.85	.000	•	3.85		.00
@ORGANIZED OUTPATIENT CLINIC	846	1,414	\$	97,482.99	\$	68.94	.168	¢ 1.	15.23	Ċ	11.61
CLINIC CLINIC	0	1,414	Ą	97,482.99	Ą	.00	.168	٠ L.	.00	Ą	.00
CTITITO	U	U		.00		.00	.000		.00		.00

SURGICENTER 10 37 1,584.73 42.83 .004 158.47 .19
HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 837 1,377 95,898.26 69.64 .164 114.57 11.42
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,236
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

MADERA COUNTI	DOMMANT OF DERVICE	15 FOR MEDICA	יוו דרודי	BEDI AGED				
							NTHLY AVERA	AGE
8,397 ELIGIBLES		NITS OF SERVI		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAL	RE		PER UNIT/DAY	_	USER	ELIGIBLE
@ALL OTHER PROVIDERS	963	46,248	\$	•	\$ 2.71	5.508		\$ 14.90
DURABLE MED. EQUIP.	41	336		9,932.53	29.56	.040	242.26	1.18
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2.8	44		12,778.38	290.42	.005	456.37	1.52
MEDICAL TRANSPORTATION	259	6,840		29,483.79		.815	113.84	3.51
AMBULANCES/AIR TRANS	108	1,430		16,269.47		.170	150.64	1.94
OTHER TRANS	142	5 , 155		12,700.34	2.46	.614	89.44	1.51
OTHER SERVICES	19	255		513.98	2.02	.030	27.05	.06
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	84	437		31,357.54	71.76	.052	373.30	3.73
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	148	348		4,164.50	11.97	.041	28.14	.50
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	24	51		281.41	5.52	.006	11.73	.03
PROSTHETIST/ORTHOTISTS	4	9		502.57	55.84	.001	125.64	.06
PROSTHETICS	4	9		502.57	55.84	.001	125.64	.06
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2		100.37	50.19	.000	50.19	.01
SPEECH AND AUDIOLOGY	39	68		11,955.68	175.82	.008	306.56	1.42
HOSPICE SERVICES	4	76		8,537.06	112.33	.009	2134.27	1.02
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	404	38 , 037		16,007.73	.42	4.530	39.62	1.91
@CALIF. CHILDREN SERVICES*	2	2	\$	118.75	\$ 59.38	.000	\$ 59.38	\$.01
@XOVER EXCLUDING STATE HOSP**	2,458	27 , 768	\$	513,587.11	\$ 18.50	3.307	\$ 208.95	\$ 61.16
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARATE	E INFORMATION	ITEM (ONLY;				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,237
MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----23 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 17,553.95 \$ 32.03 23.826 \$ 605.31 \$ 763.22 548 \$ @TOTAL, ALL PROVIDERS 29

 17,553.95
 \$ 32.03
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 \$ 605.31
 \$ 763.22

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 1 1 \$ @PHYSICIANS SERVICES 0 OUTPATIENT VISITS 0 OFFICE VISITS Ο 0 0 0 HOME VISITS EMERGENCY ROOM 0 0 0 Ω PREVENTIVE CARE OB VISITS/COMPRE PERI Ω

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0										
EXAMINATIONS	U	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0										
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		4.11		4.11	.043		4.11		.18
@PHARMACY	21	428	\$	7,843.93	\$	18.33	18.609	\$	373.52	\$	341.04
PRESCRIPTION DRUGS	18	80		7,448.12		93.10	3.478		413.78		323.83
SNF/ICF	4	25		1,822.91		72.92	1.087		455.73		79.26
OUTPATIENTS	14	55		5,625.21		102.28	2.391		401.80		244.57
MEDICAL SUPPLIES	5	348		395.81		1.14	15.130		79.16		17.21
@DENTIST	1	2	\$	158.00	\$	79.00	.087	Ś	158.00	Ś	6.87
VISITS - DIAGNOSTIC	1	1	Y	40.00	٧	40.00	.043	Y	40.00	Y	1.74
	0	0									.00
ORAL SURGERY	0	0		.00		.00	.000		.00		
DRUGS	U	_		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.043		118.00		5.13
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			ore i	MONTH-OF-PAYMENT R				DEC		D.	AGE 6,238
			VEO I	MONIH-OF-FAIMENI K	EFUKI	. FOR JAN 2	2004 INKU	DEC	2004	F.	03/14/05
MOP024	FEE-FOR-SERVICE										03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	ььх і	NEEDY - BLIND							
							M				
23 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		s c			COST PER
		OR DAYS OF CAR	₹.		PEF	R UNIT/DAY			USER]	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	Ō	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS	0	0	~	.00	~	.00	.000	Ψ.	.00	7	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.000	Ċ	.00	Ċ	.00
GLODIWIVIDI	U	U	Ą	.00	Ą	.00	.000	ٻ	.00	ې	.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
	0	•	.00	•	·		
PEDIATRIC NURSE PRACTITIONER	0	0 \$		\$.00	.000 \$		
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	2	4 \$	116.20	\$ 29.05	.174 \$		\$ 5.05
HOSP INPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	4	116.20	29.05	.174	58.10	5.05
MEDICAL	1	1	28.47	28.47	.043	28.47	1.24
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	15.18	15.18	.043	15.18	.66
CROSSOVERS/ALL OTH OUTPTNT	2	2	72.55	36.28	.087	36.28	3.15
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000	.00	.00
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	O	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 6,239
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
MADERA COUNTY		ICES FOR MEDICALLY	NEEDY - BLIND				
					MON'	THLY AVERAG	GE
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	4 \$	116.20	\$ 29.05	.174 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
11000111101111110110	O	O	.00	.00	.000	.00	• • • •

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	4	116.20	29.05	.174	58.10	5.05
MEDICAL	1	1	28.47	28.47	.043	28.47	1.24
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	15.18	15.18	.043	15.18	.66
CROSSOVERS/ALL OTH OUTPINT	2	2	72.55	36.28	.087	36.28	3.15
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	91	\$ 8,108.60	\$ 89.11	3.957	\$ 2702.87	\$ 352.55
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	91	8,108.60	89.11	3.957	2702.87	352.55
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

TNDEDENDEND EACTITMY	0	0		0.0		.00	.000		0.0		.00
INDEPENDENT FACILITY @LABORATORY FACILITY	1	3	\$.00 28.69	\$	9.56	.130	ė 20	.00	Ś	1.25
PATHOLOGY	1	3	Ą	28.69	Ą	9.56	.130		3.69	Ş	1.25
XO AND OTHERS	Τ	0		.00		.00	.000	20	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	16	\$	844.58	Ś	52.79	.696	ė 1 <i>11</i>	.00	Ś	36.72
CLINIC CLINIC	0	0	Ą	.00	Ą	.00	.000	Ş 140	.00	Ą	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	16		844.58		52.79	.696	1 //	.00		36.72
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDUTCI		DEC N	O44.56 ONTH-OF-PAYMENT F						ת כד	AGE 6,240
MOP024	FEE-FOR-SERVICE		KES M	MONIH-OF-FAIMENI F	CEPORI	FOR JAN	2004 IRO .	DEC 200°	i.	r A	03/14/05
MADERA COUNTY	SUMMARY OF SERVICE,		TTV N	IFFDY - BITND							03/14/03
MADERA COUNTI	SUMMARI OF SERV.	ICES FOR MEDICA	יו דיויו.	NEEDI - BLIND			Mo	משטוע ז	(17ED)	CF -	
23 ELIGIBLES	USERS	UNITS OF SERVIC	.	EXPENDITURES	7/17	DACE COST	UNITS/DAY				COST PER
25 EHIGIBHES	OSEKS	OR DAYS OF CAR		EXFENDITORES		UNIT/DAY					LIGIBLE
@ALL OTHER PROVIDERS	2	3	Ś	449.84	Ś	149.95	.130		1.92	Ś	19.56
DURABLE MED. EQUIP.	0	0	Y	.00	٧	.00	.000	7 22	.00	۲	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		125.14		.00	.000		.00		5.44
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	2	3		324.70		108.23	.130	162	2.35		14.12
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00

.00 ALL OTHER PROVIDERS 0 .00 .000 .00 .00 .00 \$ @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 10.913 \$ 113.20 \$ @XOVER EXCLUDING STATE HOSP** 6 251 679.20 \$ 2.71 29.53 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PSYCHOLOGIST

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

HOSPICE SERVICES

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,241
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

----- MONTHLY AVERAGE -----3,416 ELIGIBLES UNITS OF SERVICE USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 281,074 5,452,333.69 \$ 19.40 82.282 \$ 1509.09 \$ 1596.12 @TOTAL, ALL PROVIDERS 3,613 \$ @PHYSICIANS SERVICES 901 5,162 158,225.54 \$ 30.65 1.511 \$ 175.61 \$ 46.32

OUTPATIENT VISITS	205	381		12,810.91		33.62	.112		62.49		3.75
OFFICE VISITS	136	279		6,956.86		24.93	.082		51.15		2.04
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	57	68		4,791.12		70.46	.020		84.05		1.40
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	26	34		1,062.93		31.26	.010		40.88		.31
INPATIENT VISITS	91	753		31,613.49		41.98	.220		347.40		9.25
HOSPITAL VISITS	51	529		19,364.06		36.61	.155		379.69		5.67
				-							
CRITICAL CARE	7	52		5,884.30		113.16	.015		840.61		1.72
SNF/ICF/TRANS IP CARE	44	172		6,365.13		37.01	.050		144.66		1.86
OPHTHALMOLOGICAL SERVICES	19	19		560.35		29.49	.006		29.49		.16
EXAMINATIONS	19	19		560.35		29.49	.006		29.49		.16
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	40	170		23,533.55		138.43	.050		588.34		6.89
PRINCIPAL SURGEON	33	60		20,716.63		345.28	.018		627.78		6.06
ASSISTANT SURGEON	1	1		100.52		100.52	.000		100.52		.03
ANESTHESIOLOGIST	11	109		2,716.40		24.92	.032		246.95		.80
OUTPATIENT SURGERY	29	310		6,114.45		19.72	.091		210.84		1.79
PRINCIPAL SURGEON	23	30		4,818.24		160.61	.009		209.49		1.41
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	7	280		1,296.21		4.63	.082		185.17		.38
DIALYSIS	31	107									
	79			8,162.42		76.28	.031		263.30		2.39
PATHOLOGY		239		2,744.24		11.48	.070		34.74		.80
RADIOLOGY	114	409		11,323.36		27.69	.120		99.33		3.31
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	27	1,285		31,896.90		24.82	.376		1181.37		9.34
OTHER SERVICES/ALL X-OVERS	27 569 2,873 2,807	1,489		29,465.87		19.79	.436		51.79		8.63
@PHARMACY	2 , 873	193 , 276	\$	1,460,703.79	\$	7.56	56.580	\$	508.42	\$	427.61
PRESCRIPTION DRUGS	2,807	13,586		1,396,974.89		102.82	3.977		497.68		408.95
SNF/ICF	1176	2,696		234,530.95		86.99	.789		550.54		68.66
OUTPATIENTS	2,408	10,890		1,162,443.94		106.74	3.188		482.74		340.29
MEDICAL SUPPLIES	541	179,690		63,728.90		.35	52.602		117.80		18.66
@DENTIST	2,408 541 256 187	1,318	\$	43,837.43		33.26	.386	Ś		Ś	12.83
VISITS - DIAGNOSTIC	187	854	7	9,929.00		11.63	.250	т.	53.10	7	2.91
ORAL SURGERY	37	167		8,440.76		50.54	.049		228.13		2.47
DRUGS	2	6		90.00		15.00	.002		45.00		.03
ANESTHESIA	2	2		200.00		100.00	.002		100.00		.06
	34	35				98.46			100.00		
PERIODONTICS	19			3,446.00			.010				1.01
ENDODONTICS		21		3,793.00		180.62	.006		199.63		1.11
RESTORATIVE DENTISTRY	69	159		9,164.00		57.64	.047		132.81		2.68
PROSTHETICS	3	3		60.00		20.00	.001		20.00		.02
DENTURES, STAYPLATES	25	49		7,776.00		158.69	.014		311.04		2.28
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	7	7		938.67		134.10	.002		134.10		.27
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	6	15		.00		.00	.004		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES I	MONTH-OF-PAYMENT	REPOR	T FOR JAN 2	2004 THRU	DEC	2004	P	AGE 6,242
MOP024	FEE-FOR-SERVICE										03/14/05
MADERA COUNTY		ICES FOR MEDICA	T.T.Y I	NEEDY - DISABLED							, , ,
111122111 0001111	00111111111 01 011111	1020 1011 1221011					M	ОМТЕ	HLY AVERA	GE.	
3,416 ELIGIBLES	USERS	UNITS OF SERVICE	F.	EXPENDITURES	A 17	ERAGE COST					COST PER
2, 110 [1101]	ODEINO	OR DAYS OF CAR		TWI TWDII OWES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	59	149		3,241.56			.044				.95
DIAGNOSTIC AND ANC. PROCED	29	34	۲			35.59	.010	۲	41.73	٢	.35
DIAGNOSTIC AND ANC. PROCED	29	34		1,210.06		33.39	.010		41./3		. 33

	4.1	105		1 (55 05		1 - 7 -	0.21		40 27		4.0
EYE APPLIANCES	41 7	105		1,655.05		15.76	.031		40.37		.48
OTHER OPTOMETRIC SERVICES	7	10	Ć	376.45	ć	37.65 16.72	.003		53.78	ċ	.11
@CHIROPRACTOR	, 5	14	\$	234.08	\$.004		33.44 36.78	Ş	.07
VISITS		11		183.92		16.72	.003				.05
OTHER SERVICES	2	3	â	50.16	<u> </u>	16.72	.001	<u>^</u>	25.08	<u>~</u>	.01
@PODIATRIST	53	72	\$	756.54	\$	10.51	.021	Ş	14.27	\$.22
MEDICINE/INJECTIONS	/	8		235.50		29.44	.002		33.64		.07
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	46	64		521.04		8.14	.019		11.33		.15
@HOME HEALTH AGENCY	19	2,987	\$	91,435.05	\$	30.61			4812.37		26.77
NURSE ANESTHESIST	9	153	\$	2,107.82	\$	13.78	.045			\$.62
NURSE MIDWIFE	0	0	\$.00	\$.00	.000			\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	489	2,860	\$	733,456.04	\$	256.45	.837	\$	1499.91	\$	214.71
HOSP INPATIENT TOTAL	81	468		665,134.09		1421.23	.137		8211.53		194.71
HSC HOSPITALS	34	400		504,771.26		1261.93	.117		14846.21		147.77
NON-HSC HOSPITAL TOTAL	14	68		120,856.03		1777.29	.020		8632.57		35.38
ACCOMMODATIONS	14	68		27,865.93		409.79	.020		1990.42		8.16
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	14	68		27,865.93		409.79	.020		1990.42		8.16
ANCILLARIES	14	0		92,990.10		.00	.000		6642.15		27.22
INPATIENT CROSSOVERS	33	0		39,506.80		.00	.000		1197.18		11.57
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	430	2,392		68,321.95		28.56	.700		158.89		20.00
MEDICAL	55	85		3,270.02		38.47	.025		59.45		.96
SURGERY	12	12		1,010.66		84.22	.004		84.22		.30
PATHOLOGY	103	419		4,358.95		10.40	.123		42.32		1.28
RADIOLOGY	61	221		11,558.32		52.30	.065		189.48		3.38
ROOM USE	86	117		4,923.91		42.08	.034		57.25		1.44
CROSSOVERS/ALL OTH OUTPTNT	298	1,538		43,200.09		28.09	.450		144.97		12.65
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		.00	Ċ	.00
	0	0	Ÿ	.00	Ą	.00	.000	۲	.00	۲	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0									.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	<u> </u>	-		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR	S MONTH-	-OF-PAYMENT R	EPORT	FOR JAN 200	4 THRU	DEC	2004	PA	AGE 6,243
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	R MEDICALI	LY NEEDY	- DISABLED							
							1	MONTH	UIV AMEDA	CF -	

		OR DAYS OF CARE			DF	R UNIT/DAY	DED ETTC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	489	2,860	\$	733,456.04	\$				1499.91		214.71
COMM HOSP INPATIENT TOTAL	81	468	Υ	665,134.09	Υ.	1421.23	.137	٧	8211.53	Ψ	194.71
HSC HOSPITALS	34	400		504,771.26		1261.93	.117		14846.21		147.77
NON-HSC HOSPITALS TOTAL	14	68		120,856.03		1777 29	.020		8632.57		35.38
ACCOMMODATIONS	14	68		27,865.93		1777.29 409.79	.020		1990.42		8.16
	0	0		.00		.00	.020		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00					
TRANSITIONAL IP CARE	14	68					.000		.00		.00
ALL OTHER ACCOM	14	0		27,865.93		409.79	.020		1990.42		8.16
ANCILLARIES		0		92,990.10		.00	.000		6642.15		27.22
INPATIENT CROSSOVERS	33 0			39,506.80		.00	.000		1197.18		11.57
ALL OTHER INPATIENT		0		.00		.00	.000		.00 158.89		.00
COMM HOSP OUTPATIENT TOTAL	430	2,392		68,321.95		28.56	.700		158.89		20.00
MEDICAL	55	85		3,270.02		38.47	.025		33.43		.96
SURGERY	12	12		1,010.66		84.22	.004		84.22		.30
PATHOLOGY	103	419		4,358.95		10.40	.123		42.32		1.28
RADIOLOGY	61	221		11,558.32		52.30	.065		189.48		3.38
ROOM USE	86	117		4,923.91		42.08	.034		57.25		1.44
CROSSOVERS/ALL OTH OUTPTNT	298	1,538	_	43,200.09	_	28.09	.450	_	144.97	_	12.65
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	192	6,164	\$		\$	148.78	1.804	\$		\$	268.46
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	6	204		21,775.93		106.74	.060		3629.32		6.37
LEV B-SUBACUTE FREESTANDING	11	328		105,654.42		322.12	.096		9604.95		30.93
LEV B-SUBACUTE HSPTL BASED	9	427		226,805.61		531.16	.125		25200.62		66.40
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	167 297	5,205		562,824.63		108.13	1.524		3370.21		164.76
@INTERMEDIATE CARE FACILDD	297	9,193	\$	1,721,249.43	\$	187.23		\$	5795.45	\$	503.88
ICF DDH	48	1,456		229,212.63		157.43	.426		4775.26		67.10
ICF DD	0 249	0		.00		.00	.000		.00		.00
ICF DDN/DDCN		7 , 737		1,492,036.80		192.84	2.265		5992.12		436.78
@HEMODIALYSIS TOTAL	94	1,315	\$	109,475.99	\$	83.25		\$	1164.64	\$	32.05
HOSPITAL BASED	1	2		4,661.79		2330.90	.001		4661.79		1.36
HEMODIALYSIS CENTER	93	1,313		104,814.20		79.83	.384		1127.03		30.68
@REHABILITATION FACILITY HOSPITAL BASED	4	18	\$	379.46	\$.005	\$		\$.11
HOSPITAL BASED		3		249.90		83.30	.001		124.95		.07
INDEPENDENT FACILITY	2	15		129.56		8.64	.004		64.78		.04
@LABORATORY FACILITY	108	652	\$	6 , 637.25	\$.191	\$	61.46	\$	1.94
PATHOLOGY	107	651		6,634.25		10.19	.191		62.00		1.94
XO AND OTHERS	1	1		3.00		3.00	.000		3.00		.00
@ORGANIZED OUTPATIENT CLINIC	616	1,080	\$	79 , 477.47	\$	73.59	.316	\$	129.02	\$	23.27
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	20	71		2,912.71		41.02	.021		145.64		.85
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	599	1,009		76,564.76		75.88	.295		127.82		22.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 6,244
	FEE-FOR-SERVICE										03/14/05
MADERA COUNTY	SUMMARY OF SERV	JICES FOR MEDICAL	LY N	NEEDY - DISABLED							
							M	ONT	HLY AVERA	GE	
3,416 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	575	56,661	\$	124,055.65	\$	2.19	16.587	\$	215.75	\$	36.32
DURABLE MED. EQUIP.	30	175				107.49	.051		627.01		5.51
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	5	8	2,557.22	319.65	.002	511.44	.75
MEDICAL TRANSPORTATION	80	2,763	20,180.61	7.30	.809	252.26	5.91
AMBULANCES/AIR TRANS	48	619	7,568.10	12.23	.181	157.67	2.22
OTHER TRANS	32	2,135	10,729.33	5.03	.625	335.29	3.14
OTHER SERVICES	5	9	1,883.18	209.24	.003	376.64	.55
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	11	48	3,183.33	66.32	.014	289.39	.93
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1	12	459.61	38.30	.004	459.61	.13
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	74	177	1,795.00	10.14	.052	24.26	.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	6	152.42	25.40	.002	76.21	.04
PROSTHETIST/ORTHOTISTS	8	57	1,841.29	32.30	.017	230.16	.54
PROSTHETICS	8	57	1,841.29	32.30	.017	230.16	.54
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	14	65.16	4.65	.004	16.29	.02
SPEECH AND AUDIOLOGY	29	85	5,000.94	58.83	.025	172.45	1.46
HOSPICE SERVICES	1	30	3,939.75	131.33	.009	3939.75	1.15
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	80	6,524	16,493.07	2.53	1.910	206.16	4.83
EPSDT SUPPLEMENTAL SERVICE	6	1,135	28,284.20	24.92	.332	4714.03	8.28
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	290	45 , 627	21,292.62	.47	13.357	73.42	6.23
@CALIF. CHILDREN SERVICES*	18	2,453	\$ 7,602.49	\$ 3.10	.718	\$ 422.36	\$ 2.23
@XOVER EXCLUDING STATE HOSP**	980	42,640	\$ 180,571.47	\$ 4.23	12.482	\$ 184.26	\$ 52.86

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,245 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

FEE-FOR-SERVICE/DENTAL

MOP024

					MON	THLY AVERAG	E
210,397 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER	COST PER
	88,289 32,104 23,234 17,101	OR DAYS OF CARE	06 460 704 01			USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	88,289	509,785 \$ 84.950 \$	26,468,724.01	\$ 51.92 \$ 42.14	2.423 \$		
@PHYSICIANS SERVICES	32,104	/	3,579,967.48		.404 \$		
OUTPATIENT VISITS	23,234	35,361	1,247,781.32	35.29	.168	53.70	5.93
OFFICE VISITS	1/,101	22,446	684,435.75	30.49	.107	40.02	3.25
HOME VISITS	1	1	53.68	53.68	.000	53.68	.00
EMERGENCY ROOM	4,458	4,938	272,026.06	55.09	.023	61.02	1.29
PREVENTIVE CARE	10	11	470.95	42.81	.000	47.10	.00
OB VISITS/COMPRE PERI	2,033	7,244	269,492.31	37.20	.034	132.56	1.28
OTHER OUTPATIENT	620	721	21,302.57	29.55	.003	34.36	.10
INPATIENT VISITS	1,341 1,261	4,768	309,132.12	64.83	.023	230.52	1.47
HOSPITAL VISITS	1,261	3,501	155 , 566.93	44.43	.017	123.37	.74
CRITICAL CARE	125	1,126	149,069.99	132.39	.005	1192.56	.71
SNF/ICF/TRANS IP CARE	12	141	4,495.20	31.88	.001	374.60	.02
OPHTHALMOLOGICAL SERVICES	685	785	34,440.74	43.87	.004	50.28	.16
EXAMINATIONS	679	779	34,320.74	44.06	.004	50.55	.16
SERVICES AND MATERIALS	6	6	120.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	1,500	4,055	890 , 208.42	219.53	.019	593.47	4.23
PRINCIPAL SURGEON	1,153	1,347	792 , 653.99	588.46	.006	687.47	3.77
ASSISTANT SURGEON	179	178	30,402.55	170.80	.001	169.85	.14
ANESTHESIOLOGIST	357	2,530	67,151.88	26.54	.012	188.10	.32
OUTPATIENT SURGERY	1,920 1,603	4,329	305,771.48	70.63	.021	159.26	1.45
PRINCIPAL SURGEON	1,603	1,990	255,292.39	128.29	.009	159.26	1.21
ASSISTANT SURGEON	11	11	2,081.85	189.26	.000	189.26	.01
ANESTHESIOLOGIST	468	2,328	48,397.24	20.79	.011	103.41	.23
DIALYSIS	1,603 11 468 40 5,065 6,191	116	9,937.32	85.67	.001	248.43	.05
PATHOLOGY	5,065	8,301	113,696.50	13.70	.039	22.45	.54
RADIOLOGY	6,191	9,252	297,983.86	32.21	.044	48.13	1.42
PSYCHIATRY	4	4	208.74	52.19	.000	52.19	.00
IMMUNIZATION AND INJECTION	940 3 , 920	3,259	127,042.04	38.98	.015	135.15	.60
OTHER SERVICES/ALL X-OVERS	3,920	14,720	243,764.94	16.56	.070	62.18	1.16
@PHARMACY		133,121 \$	5,311,181.83	\$ 39.90	.633 \$	117.24	\$ 25.24
PRESCRIPTION DRUGS	45,302 44,793	114,831	5,142,128.15	44.78	.546	114.80	24.44
SNF/ICF	35	189	14,043.18	74.30	.001	401.23	.07
OUTPATIENTS	44,768	114,642	5,128,084.97	44.73	.545	114.55	24.37
MEDICAL SUPPLIES	44,768 2,156 10,771 7,456 1,615 215	18,290	169,053.68	9.24	.087	78.41	.80
@DENTIST	10,771	63,204 \$	1,457,826.84	\$ 23.07	.300 \$	135.35	\$ 6.93
VISITS - DIAGNOSTIC	7,456	47,088	493,257.07	10.48	.224	66.16	2.34
ORAL SURGERY	1,615	2,841	170,165.25	59.90	.014	105.37	.81
DRUGS	215	380	6 , 705.00	17.64	.002	31.19	.03
ANESTHESIA	85	87	8,600.00	98.85	.000	101.18	.04
PERIODONTICS	591	620	52,717.50	85.03	.003	89.20	.25
ENDODONTICS	643	1,103	143,601.50	130.19	.005	223.33	.68
RESTORATIVE DENTISTRY	3,874	9,817	499,753.80	50.91	.047	129.00	2.38
PROSTHETICS	3.0	43	1,140.00	26.51	.000	29.23	.01
DENTURES, STAYPLATES	101	336	29,027.96	86.39	.002	287.41	.14
SPACE MAINTAINERS	69	93	9,158.00	98.47	.000	132.72	.04
MAXILLOFACIAL SERVICES	69	70	6,588.26	94.12	.000	95.48	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	390	440	34,637.50	78.72	.002	88.81	.16
ALL OTHER SERVICES	196	286	2,475.00	8.65	.001	12.63	.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES M					PAGE 6,246
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03/14/05

MADERA COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY N.	EEDI - FAMILIES		MONT	יטוע אזידים אר	'E'
210,397 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AMEDACE COOM			COST PER
210,397 ELIGIBLES	CALCO	OR DAYS OF CARE	EVERNDIIOVES	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1,183	3,021 \$	69,528.31	\$ 23.01	.014 \$		
DIAGNOSTIC AND ANC. PROCED	875	1,018	39,412.91	38.72	.005	45.04	.19
	733		29,573.19	14.88	.003	40.35	
EYE APPLIANCES	15	1,987		14.88	.009		.14
OTHER OPTOMETRIC SERVICES		16	542.21	33.89 \$ 16.70	.000	36.15	.00
@CHIROPRACTOR	642	1,039 \$	17,350.36	\$ 16.70	.005 \$	27.03	
VISITS	640	1,037	17,316.92	16.70	.005	27.06	.08
OTHER SERVICES	2	2	33.44	16.72	.000	16.72	.00
@PODIATRIST	298	368 \$	•	\$ 33.04	.002 \$	40.80	
MEDICINE/INJECTIONS	290	344	10,669.18	31.02	.002	36.79	.05
SURGERY/ANES.	5	5	823.74	164.75	.000	164.75	.00
RADIO./PATHOLOGY	10	11	185.98	16.91	.000	18.60	.00
OTHER	7	8	479.36	59.92	.000	68.48	.00
@HOME HEALTH AGENCY	71	575 \$	31,225.02	\$ 54.30	.003 \$	439.79	\$.15
NURSE ANESTHESIST	42	686 \$	8,502.62	\$ 12.39	.003 \$	202.44	\$.04
NURSE MIDWIFE	10	15 \$	2,253.27	\$ 150.22	.000 \$	225.33	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0 \$		\$.00	.000 \$.00	
FAMILY NURSE PRACTITIONER	6	8 \$		\$ 27.73	.000 \$	36.97	
@TOTAL HOSPITAL	14,278	55,428 \$		\$ 164.59	.263 \$	638.93	
HOSP INPATIENT TOTAL	1,537	6,258	7,593,619.75	1213.43	.030	4940.55	36.09
HSC HOSPITALS	867	3,461	5,377,526.02	1553.75	.016	6202.45	25.56
NON-HSC HOSPITAL TOTAL	679	2,797	2,213,465.73	791.37	.013	3259.89	10.52
ACCOMMODATIONS	679	2,797	831,339.62	297.23	.013	1224.36	3.95
ADMINISTRATIVE DAYS	0 / 5	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	679	2 , 797	831,339.62	297.23	.013	1224.36	3.95
	678	2,797	1,382,126.11	.00	.000	2038.53	6.57
ANCILLARIES INPATIENT CROSSOVERS	3	0	2,628.00	.00	.000	876.00	.01
	0	0	•				
ALL OTHER INPATIENT	-	0 49,170 3,929	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13,228	49,170	1,529,059.35	31.10	.234	115.59	7.27
MEDICAL	2,768	3,929	186,183.06	47.39	.019	67.26	.88
SURGERY	1,274	1,590	107,792.88	67.79	.008	84.61	.51
PATHOLOGY	4,883	17,722	200,112.84	11.29	.084	40.98	.95
RADIOLOGY	3,924 7,370	5,344	413,204.50	77.32	.025	105.30	1.96
ROOM USE	7 , 370	9,618	388,385.72	40.38	.046	52.70	1.85
CROSSOVERS/ALL OTH OUTPTNT		10,967	233,380.35	21.28	.052	46.31	1.11
@COUNTY HOSPITAL TOTAL	70	321 \$		\$ 152.12	.002 \$		
CO HOSPITAL INPATIENT TOTAL		32	39,674.06	1239.81	.000	4408.23	.19
HSC HOSPITALS	9	32	39,674.06	1239.81	.000	4408.23	.19
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	65	289	9,155.10	31.68	.001	140.85	.04
MEDICAL	23	36	1,351.41	37.54	.000	58.76	.01
SURGERY	9	12	445.65	37.14	.000	49.52	.00
PATHOLOGY	20	93	1,654.54	17.79	.000	82.73	.01
RADIOLOGY	14	19	1,335.19	70.27	.000	95.37	.01
ROOM USE	48	67	2,791.63	41.67	.000	58.16	.01
10011 001	10	0 /	2,751.05	11.07	• 5 5 5	00.10	• • •

CROSSOVERS/ALL OTH OUTPTNT	29	62	1,576.68	25.43	.000	54.37	.01	1
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DEC 2	2004	PAGE 6,2	247
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/	/05
MADERA COUNTY	SUMMARY OF SERVICES FO	OR MEDICALLY	NEEDY - FAMILIES					

MADERA COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	Y NEED	Y - FAMILIES							
									HLY AVERA	-	
210,397 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14,216		\$	9,073,849.94		164.66	.262	\$	638.28	\$	43.13
COMM HOSP INPATIENT TOTAL	1,528	6,226		7,553,945.69		1213.29	.030		4943.68		35.90
HSC HOSPITALS	858	3,429		5,337,851.96		1556.68	.016		6221.27		25.37
NON-HSC HOSPITALS TOTAL	679	2 , 797		2,213,465.73	3	791.37	.013		3259.89		10.52
ACCOMMODATIONS	679	2,797		831,339.62		297.23	.013		1224.36		3.95
ADMINISTRATIVE DAYS	0	0		.00)	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
ALL OTHER ACCOM	679	2,797		831,339.62	2	297.23	.013		1224.36		3.95
ANCILLARIES	678	. 0		1,382,126.11		.00	.000		2038.53		6.57
INPATIENT CROSSOVERS	3	0		2,628.00		.00	.000		876.00		.01
ALL OTHER INPATTENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	13,169	48,881		1,519,904.25		31.09	.232		115.42		7.22
MEDICAL MEDICAL	2,746	3,893		184,831.65		47.48	.019		67.31		.88
SURGERY	1,265	1,578		107,347.23		68.03	.008		84.86		.51
PATHOLOGY	4,865	17,629		198,458.30		11.26	.084		40.79		.94
RADIOLOGY	3,910	5,325		411,869.31		77.35	.025		105.34		1.96
ROOM USE	7,323	9,551		385,594.09		40.37	.045		52.66		1.83
CROSSOVERS/ALL OTH OUTPTNT		10,905		231,803.67		21.26	.052		46.25		1.10
	0	•	\$.00		.00	.000	\$		\$.00
@STATE HOSPITAL	0	0	P					Ş	.00	Ş	
MENTALLY ILL	0			.00		.00	.000				.00
DEVELOP. DISABLED		0	<u> </u>	.00		.00	.000	<u> </u>	.00	<u> </u>	.00
@NURSING FACILITY	17 0		\$	169,673.52		252.12	.003	\$		\$.81
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	· ·	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		359		123,808.33		344.87	.002		10317.36		.59
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5 5	314		45,865.19		146.07	.001		9173.04		.22
@INTERMEDIATE CARE FACILDD	5		\$	41,146.60		196.87	.001	\$	8229.32	\$.20
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	5	209		41,146.60		196.87	.001		8229.32		.20
@HEMODIALYSIS TOTAL	84	,	\$	122,361.88	} \$	81.79		\$		\$.58
HOSPITAL BASED	1	2		5,228.04	1	2614.02	.000		5228.04		.02
HEMODIALYSIS CENTER	83	1,494		117,133.84	1	78.40	.007		1411.25		.56
@REHABILITATION FACILITY	128	452	\$	15,364.51		33.99	.002	\$	120.04	\$.07
HOSPITAL BASED	128	452		15,364.51	L	33.99	.002		120.04		.07
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	6,248	23,731	\$	317,919.85	5 \$	13.40	.113	\$	50.88	\$	1.51
PATHOLOGY	6,205	23,660		313,840.74	1	13.26	.112		50.58		1.49
XO AND OTHERS	70	71		4,079.11		57.45	.000		58.27		.02
@ORGANIZED OUTPATIENT CLINIC	24,558	40,920	\$	5,812,404.81	\$	142.04	.194	\$	236.68	\$	27.63
CLINIC	1,506	5,516	-	148,796.71		26.98	.026	•	98.80		.71
SURGICENTER	268	1,150		49,570.36		43.10	.005		184.96		.24
HEROIN DETOX CLINIC	8	90		1,018.98		11.32	.000		127.37		.00
RURAL HEALTH CLINIC	23,263	34,164		5,613,018.76		164.30	.162		241.29		26.68
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	S MONT					DEC		Р	AGE 6,248
MOP024	FEE-FOR-SERVICE/				010		 		_ 0 0 1		03/14/05
MADERA COUNTY		CES FOR MEDICALLY	Y NEED	Y - FAMILIES							00,11,00
111211111 0001111	STITULE OF BEILVE		,								

210,397 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES	AVERAGE COST			COST PER
Oli Chill Devil Devil Department	F 000	OR DAYS OF CAR	276 057 00	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	5,909	99,889	\$ •	\$ 3.77	.475	•	•
DURABLE MED. EQUIP.	121	369	21,774.97	59.01	.002	179.96	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	791	14,594	144,906.05	9.93	.069	183.19	.69
AMBULANCES/AIR TRANS	780	11,955	118,197.13		.057	151.53	.56
OTHER TRANS	13	2 , 606	8,431.32	3.24	.012	648.56	.04
OTHER SERVICES	17	33	18 , 277.60	553.87	.000	1075.15	.09
ACUPUNCTURE	1	4	75.69	18.92	.000	75.69	.00
ADULT DAY HEALTH CARE CTR	1	2	139.16	69.58	.000	139.16	.00
GENETIC DISEASE TESTING	495	497	52,185.00	105.00	.002	105.42	.25
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,450	3,159	30,841.62	9.76	.015	21.27	.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	50	72	5,143.95	71.44	.000	102.88	.02
PROSTHETICS	50	72	5,143.95	71.44	.000	102.88	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	5	27	1,399.73	51.84	.000	279.95	.01
SPEECH AND AUDIOLOGY	25	59	3,987.33	67.58	.000	159.49	.02
HOSPICE SERVICES	2	10	1,250.70	125.07	.000	625.35	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,812	12,735	100,159.85	7.86	.061	35.62	.48
EPSDT SUPPLEMENTAL SERVICE	. 1	20	566.15	28.31	.000	566.15	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	225	68,341	14,527.72	.21	.325	64.57	.07
@CALIF. CHILDREN SERVICES*	640	25,148	1,962,804.48		.120		
@XOVER EXCLUDING STATE HOSP**	243	871	\$ 45,363.79		.004		•
O+ HOMAIC IN HUBOR I THE ADD OF			-	7 02.00	• 0 0 1	T 100.00	T • 2 2

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,249
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

INDERG COUNTY	DOMINICI OF DELC	VICED FOR PEDECT	ייי דעע.					
						MO	NTHLY AVERA	GE
222,233 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	99,699	1,140,065	\$	43,117,412.21	\$ 37.82	5.130	\$ 432.48	\$ 194.02
@PHYSICIANS SERVICES	34,482	94 , 512	\$	3,854,476.65	\$ 40.78	.425	\$ 111.78	\$ 17.34
OUTPATIENT VISITS	23,673	36,084		1,274,090.74	35.31	.162	53.82	5.73
OFFICE VISITS	17,443	23,024		701,759.45	30.48	.104	40.23	3.16
HOME VISITS	1	1		53.68	53.68	.000	53.68	.00
EMERGENCY ROOM	4,551	5,046		279,874.13	55.46	.023	61.50	1.26
PREVENTIVE CARE	10	11		470.95	42.81	.000	47.10	.00
OB VISITS/COMPRE PERI	2,033	7,244		269,492.31	37.20	.033	132.56	1.21
OTHER OUTPATIENT	648	758		22,440.22	29.60	.003	34.63	.10
INPATIENT VISITS	1,512	5 , 800		351,119.53	60.54	.026	232.22	1.58
HOSPITAL VISITS	1,337	4,203		181,536.39	43.19	.019	135.78	.82
CRITICAL CARE	136	1,187		155,860.59	131.31	.005	1146.03	.70
SNF/ICF/TRANS IP CARE	114	410		13,722.55	33.47	.002	120.37	.06
OPHTHALMOLOGICAL SERVICES	753	859		36,615.45	42.63	.004	48.63	.16

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	747	853	36,495.45	42.78	.004	48.86	.16
SERVICES AND MATERIALS	6	6	120.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	1,555	4,272	917,814.87	214.84	.019	590.23	4.13
PRINCIPAL SURGEON	1,197	1,423	816,607.74	573.86	.006	682.21	3.67
ASSISTANT SURGEON	181	180	30,604.15	170.02	.001	169.08	.14
ANESTHESIOLOGIST	373	2,669	70,602.98	26.45	.012	189.28	.32
OUTPATIENT SURGERY	2,002	4,744	332,867.86	70.17	.021	166.27	1.50
PRINCIPAL SURGEON	1,669	2,072	279,464.06	134.88	.009	167.44	1.26
ASSISTANT SURGEON	11	11	2,081.85	189.26	.000	189.26	.01
ANESTHESIOLOGIST	488	2,661	51,321.95	19.29	.012	105.17	.23
DIALYSIS	72	225	18,244.06	81.08	.001	253.39	.08
PATHOLOGY	5,248	8 , 725	119,264.87	13.67	.039	22.73	.54
RADIOLOGY	6,432	9,892	315,250.73	31.87	.045	49.01	1.42
PSYCHIATRY	4	4	208.74	52.19	.000	52.19	.00
IMMUNIZATION AND INJECTION	981	4,559	166,469.54	36.51	.021	169.69	.75
OTHER SERVICES/ALL X-OVERS	5 , 620	19,348	322 , 530.26	16.67	.087	57.39	1.45
@PHARMACY	54,371	538 , 999	\$ 8,807,771.18	\$ 16.34	2.425	\$ 161.99	\$ 39.63
PRESCRIPTION DRUGS	53,648	158,157	8,517,135.60	53.85	.712	158.76	38.33
SNF/ICF	2,932	18,618	1,174,296.04	63.07	.084	400.51	5.28
OUTPATIENTS	50,788	139,539	7,342,839.56	52.62	.628	144.58	33.04
MEDICAL SUPPLIES	3,396	380,842	290,635.58	.76	1.714	85.58	1.31
@DENTIST	11,348	65 , 788	\$ 1,558,194.02	\$ 23.69	.296	\$ 137.31	\$ 7.01
VISITS - DIAGNOSTIC	7,874	48,731	512 , 973.32	10.53	.219	65.15	2.31
ORAL SURGERY	1,693	3,166	189,157.51	59.75	.014	111.73	.85
DRUGS	218	389	6,840.00	17.58	.002	31.38	.03
ANESTHESIA	88	90	8,900.00	98.89	.000	101.14	.04
PERIODONTICS	647	677	58 , 195.50	85.96	.003	89.95	.26
ENDODONTICS	669	1,133	148,950.50	131.47	.005	222.65	.67
RESTORATIVE DENTISTRY	3,985	10,095	515,933.80	51.11	.045	129.47	2.32
PROSTHETICS	43	47	1,230.00	26.17	.000	28.60	.01
DENTURES, STAYPLATES	198	531	62,215.96	117.17	.002	314.22	.28
SPACE MAINTAINERS	69	93	9,158.00	98.47	.000	132.72	.04

MAXILLOFACIAL SERVICES	76	77	7,526.93	97.75	.000	99.04	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	390	440	34,637.50	78.72	.002	88.81	.16
ALL OTHER SERVICES	208	319	2,475.00	7.76	.001	11.90	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE 6,250
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES I	FOR MEDICALLY	NEEDY - TOTAL				

MADERA COUNTY	SUMMARY OF SER	VICES FOR MEDICA.	ььх N	EEDY - TOTAL			M	ONT	אלודע אנודע	CE	
222,233 ELIGIBLES	USERS	UNITS OF SERVICE	c	EXPENDITURES	7\ \ 7	ERAGE COST				UGE	COST PER
222,233 EDIGIDDES	ODERD	OR DAYS OF CAR		EXIENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1,360	3,448	\$	77,972.39	\$.016		57.33	Ś	.35
DIAGNOSTIC AND ANC. PROCED	916	1,066	Y	41,073.92	Υ.	38.53	.005	Υ	44.84	7	.18
EYE APPLIANCES	846	2,286		34,493.86		15.09	.010		40.77		.16
OTHER OPTOMETRIC SERVICES	64	2 , 200		2,404.61		25.05	.000		37.57		.01
@CHIROPRACTOR	657	1,066	\$		\$.005	S	27.01	Ś	.08
VISITS	647	1,053	Y	17,740.02	Y	16.70	.005	Y	27.18	Y	.08
OTHER SERVICES	10	13		162.18		12.48	.000		16.22		.00
@PODIATRIST	640	772	\$		\$	19.77	.003	S	23.84	Ś	.07
MEDICINE/INJECTIONS	304	359	Y	11,116.18	Ψ.	30.96	.002	Υ	36.57	7	.05
SURGERY/ANES.	5	5		823.74		164.75	.002		164.75		.00
RADIO./PATHOLOGY	10	11		185.98		16.91	.000		18.60		.00
OTHER	335	397		3,133.82		7.89	.002		9.35		.01
@HOME HEALTH AGENCY		3 , 592	\$		\$			Ċ	1272.73	Ċ	.56
NURSE ANESTHESIST	98 52	846	\$	10,726.37	\$.004		206.28		.05
NURSE MIDWIFE	10	15	\$	2,253.27	\$	150.22	.000			\$.01
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	7	9	\$		\$	29.09	.000		37.40		.00
@TOTAL HOSPITAL	15,369	60,594	\$			168.82	.273		665.58		46.03
HOSP INPATIENT TOTAL	1,743	6,858	Ÿ				.031	Y	4915.94	Y	38.56
HSC HOSPITALS	914	3,938		5,970,443.94		1249.41 1516.11	.018		6532.21		26.87
NON-HSC HOSPITAL TOTAL	698	2,920		2,463,535.92		843.68	.013		3529.42		11.09
ACCOMMODATIONS	698	2,920		899,559.30		308.07	.013		1288.77		4.05
ADMINISTRATIVE DAYS	0	2,320		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	698	2,920		899,559.30		308.07	.013		1288.77		4.05
ANCILLARIES	697	2,320		1,563,976.62		.00	.000		2243.87		7.04
INPATIENT CROSSOVERS	143	0		134,504.78		.00	.000		940.59		.61
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	14,160	53,736		1,660,758.76		30.91	.242		117.29		7.47
MEDICAL	2,867	4,083		193,093.67		47.29	.018		67.35		.87
SURGERY	1,306	1,625		112,698.15		69.35	.007		86.29		.51
PATHOLOGY	5 , 057	18,418		207,855.95		11.29	.083		41.10		.94
RADIOLOGY	4,065	5,678		437,000.82		76.96	.026		107.50		1.97
ROOM USE	7,507	9,811		397,289.85		40.49	.044		52.92		1.79
CROSSOVERS/ALL OTH OUTPTNT		14,121		312,820.32		22.15	.064		54.63		1.41
@COUNTY HOSPITAL TOTAL	70	321	Ś		Ś	152.12		Ś	697.56	Ś	.22
CO HOSPITAL INPATIENT TOTAL	· •	32	Ψ	39,674.06	т	1239.81	.000	т	4408.23	т	.18
HSC HOSPITALS	9	32		39,674.06		1239.81	.000		4408.23		.18
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	65	289	9,155.10	31.68	.001	140.85	.04
MEDICAL	23	36	1,351.41	37.54	.000	58.76	.01
SURGERY	9	12	445.65	37.14	.000	49.52	.00
PATHOLOGY	20	93	1,654.54	17.79	.000	82.73	.01
RADIOLOGY	14	19	1,335.19	70.27	.000	95.37	.01
ROOM USE	48	67	2,791.63	41.67	.000	58.16	.01
CROSSOVERS/ALL OTH OUTPINT	29	62	1,576.68	25.43	.000	54.37	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REA	PORT FOR JAN 2	004 THRU DE	EC 2004	PAGE 6,251
MOP024	FEE-FOR-SERVICE/DENT	'AL					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - TOTAL				
					MON	JTHIV AVERAG	TF

						M	ONTHLY AVERA	ΔGE	
222,233 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS	T UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DA	Y PER ELIG	USER		ELIGIBLE
	15 , 307		\$	10,180,414.24	\$ 168.91	.271	\$ 665.08	\$	45.81
COMM HOSP INPATIENT TOTAL	1,734	6,826		8,528,810.58	1249.46	.031	4918.58		38.38
HSC HOSPITALS	905	3,906		5,930,769.88	1518.37	.018	6553.34		26.69
NON-HSC HOSPITALS TOTAL	698	2,920		2,463,535.92	1518.37 843.68	.013	3529.42		11.09
ACCOMMODATIONS	698	2,920		899,559.30	308.07	.013	1288.77		4.05
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	698 697 143	2,920		899,559.30	308.07	.013	1288.77		4.05
ANCILLARIES	697	0		1,563,976.62	.00	.000	2243.87		7.04
INPATIENT CROSSOVERS	143	0		134,504.78	.00	.000	940.59		.61
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
	14,101	53,447		1,651,603.66	30.90	.240	117.13		7.43
MEDICAL	2,845	4,047		191,742.26	47.38	.018	67.40		.86
SURGERY	1,297	1,613		112,252.50	69.59	.007	86.55		.51
PATHOLOGY	5 , 039	18,325		206,201.41	11.25	.082	40.92		.93
RADIOLOGY	4,051	5,659		435,665.63	76.99	.025	107.55		1.96
ROOM USE	7,460	9,744		394,498.22	40.49	.044	52.88		1.78
CROSSOVERS/ALL OTH OUTPTNT	5 , 698	14,059		311,243.64	22.14	.063	54.62		1.40
@STATE HOSPITAL	12	•	\$		\$ 440.06	.002	\$ 13421.82	Ċ	.72
MENTALLY ILL	0	0	Ÿ	.00	.00	.002	.00	ې	.00
DEVELOP. DISABLED	12	366			440.06	.002	13421.82		.72
@NURSING FACILITY	2,705	84,688	\$		\$ 106.26		\$ 3326.91	Ċ	40.49
LEV A-INTERMEDIATE	2,703	04,000	Ą			.000	.00	Ą	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	6	204		21,775.93	.00 106.74 334.01	.001	3629.32		.10
	23	687		21, //3.93	100.74	.001			1.03
LEV B-SUBACUTE FREESTANDING	18			229,462.75	334.01		9976.64		
LEV B-SUBACUTE HSPTL BASED	18	725 0		358,660.42	494.70	.003	19925.58		1.61
LEV B-TRANSITIONAL IP CARE				.00	.00	.000	.00		.00
LEV B-REGULAR	2,660	83,072	<u> </u>		100.99	.374	3153.90	<u>^</u>	37.75
@INTERMEDIATE CARE FACILDD	356	10,993	\$		\$ 186.53		\$ 5759.98	Ş	9.23
ICF DDH	59	1,785		280,228.84	156.99	.008	4749.64		1.26
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	297	9,208		1,770,322.34	192.26	.041	5960.68		7.97
@HEMODIALYSIS TOTAL	205	2,849	\$		\$ 86.40		\$ 1200.72	\$	1.11
HOSPITAL BASED	2	4		9,889.83	2472.46	.000	4944.92		.04
HEMODIALYSIS CENTER	203	2,845		236,257.47	83.04	.013	1163.83		1.06
@REHABILITATION FACILITY	133	471	\$	•	\$ 33.63	.002		\$.07
HOSPITAL BASED	131	456		15,710.65	34.45	.002	119.93		.07
INDEPENDENT FACILITY	2	15		129.56	8.64	.000	64.78		.00
@LABORATORY FACILITY	6 , 455	24,826	\$	329,124.19	\$ 13.26	.112		\$	1.48
PATHOLOGY	6,409	24 , 752		325,034.38	13.13	.111	50.72		1.46
XO AND OTHERS	73	74			55.27	.000	56.02		.02
@ORGANIZED OUTPATIENT CLINIC	26,026	•	\$		\$ 137.93	.195		\$	26.95
CLINIC	1,506	5,516		148,796.71	26.98	.025	98.80		.67

1,258 54,067.80 42.98 .006 181.44 1,018.98 11.32 .000 127.37 SURGICENTER 298 .24 .00 HEROIN DETOX CLINIC 8 90 36,566 5,786,326.36 158.24 RURAL HEALTH CLINIC 24,705 .165 234.22 26.04 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,252 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

MADERA COUNTI	SUMMARI OF SERV	ICES FOR MEDICA	ו ועער	NEEDI - IOIAL				
						MOI	NTHLY AVERA	GE
222,233 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CA	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	7,449	202,801	\$	626 , 564.97	\$ 3.09	.913	\$ 84.11	\$ 2.82
DURABLE MED. EQUIP.	192	880		50,517.93	57.41	.004	263.11	.23
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	33	52		15,460.74	297.32	.000	468.51	.07
MEDICAL TRANSPORTATION	1,130	24 , 197		194,570.45	8.04	.109	172.19	.88
AMBULANCES/AIR TRANS	936	14,004		142,034.70	10.14	.063	151.75	.64
OTHER TRANS	187	9,896		31,860.99	3.22	.045	170.38	.14
OTHER SERVICES	41	297		20,674.76	69.61	.001	504.26	.09
ACUPUNCTURE	1	4		75.69	18.92	.000	75.69	.00
ADULT DAY HEALTH CARE CTR	12	50		3,322.49	66.45	.000	276.87	.01
GENETIC DISEASE TESTING	495	497		52,185.00	105.00	.002	105.42	.23
IHMC, MODEL-NF, NF, AIDS, MSSP	85	449		31,817.15	70.86	.002	374.32	.14
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,674	3 , 687		37,125.82	10.07	.017	22.18	.17
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	26	57		433.83	7.61	.000	16.69	.00
PROSTHETIST/ORTHOTISTS	62	138		7,487.81	54.26	.001	120.77	.03
PROSTHETICS	62	138		7,487.81	54.26	.001	120.77	.03
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	11	43		1,565.26	36.40	.000	142.30	.01
SPEECH AND AUDIOLOGY	93	212		20,943.95	98.79	.001	225.20	.09
HOSPICE SERVICES	7	116		13,727.51	118.34	.001	1961.07	.06
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,892	19,259		116,652.92	6.06	.087	40.34	.52
EPSDT SUPPLEMENTAL SERVICE	7	1,155		28,850.35	24.98	.005	4121.48	.13
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	919	152,005		51,828.07	.34	.684	56.40	.23
@CALIF. CHILDREN SERVICES*	660	27 , 603	\$	1,970,525.72	\$ 71.39	.124	\$ 2985.65	\$ 8.87
@XOVER EXCLUDING STATE HOSP**	3,687	71,530	\$	740,201.57	\$ 10.35	.322	\$ 200.76	\$ 3.33
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION	TTEM	ONLY:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,253
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

----- MONTHLY AVERAGE -----

MADERA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
9,321	34 , 852	\$	2,309,606.57	\$ 66.27	2.497	247.79	\$ 165.49
3 , 306	7 , 199	\$	290,123.57	\$ 40.30	.516	87.76	\$ 20.79
2 , 659	4,009		127,185.86	31.73	.287	47.83	9.11
2,172	2,788		82 , 358.97	29.54	.200	37.92	5.90
0	0		.00	.00	.000	.00	.00
372	413		23,081.65	55.89	.030	62.05	1.65
5	5		238.00	47.60	.000	47.60	.02
130	693		18,096.76	26.11	.050	139.21	1.30
	9,321 3,306 2,659 2,172 0 372 5	OR DAYS OF CAR 9,321 34,852 3,306 7,199 2,659 4,009 2,172 2,788 0 0 372 413 5	OR DAYS OF CARE 9,321	OR DAYS OF CARE 9,321	OR DAYS OF CARE 9,321 34,852 3,306 7,199 \$290,123.57 \$40.30 2,659 4,009 127,185.86 31.73 2,172 2,788 82,358.97 29.54 0 0 0 0 372 413 23,081.65 55.89 5 238.00	USERS UNITS OF SERVICE OR DAYS OF CARE 9,321 34,852 \$ 2,309,606.57 \$ 66.27 2.497 \$ 3,306 7,199 \$ 290,123.57 \$ 40.30 .516 \$ 2,659 4,009 127,185.86 31.73 .287 2,172 2,788 82,358.97 29.54 .200 0 0 .00 .000 .000 .372 413 23,081.65 55.89 .030 5 5 238.00 47.60 .000	OR DAYS OF CARE 9,321 34,852 \$ 2,309,606.57 \$ 66.27 2.497 \$ 247.79 3,306 7,199 \$ 290,123.57 \$ 40.30 .516 \$ 87.76 2,659 4,009 127,185.86 31.73 .287 47.83 2,172 2,788 82,358.97 29.54 .200 37.92 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS	80	110		3.410.48		31.00	. 008		42.63		.24
INPATIENT VISITS	253	697		48,407.15		69.45	.050		191.33		3.47
HOSPITAL VISITS	245	555		27,276.41		49.15	.040		111.33		1.95
CRITICAL CARE	11	142		21,130.74		148.81	.010		1920.98		1.51
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	69	76		3,669.98		48.29	.005		53.19		.26
EXAMINATIONS	69	76		3,669.98		48.29	.005		E2 10		.26
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	87	334		55,342.09		165.69	.024		636.12		3.97
PRINCIPAL SURGEON	62	72		47,011.84		652.94	.005		636.12 758.26		3.37
ASSISTANT SURGEON	7	7		1,869.37		267.05	.001		267.05		.13
ANESTHESIOLOGIST	35	255		6,460.88		25.34	.018		101 (0		1.0
OUTPATIENT SURGERY	104	185		12,328.31		66.64	.013		118.54		.88
PRINCIPAL SURGEON	88	104		9,927.84		95.46	.007		112.82		.71
ASSISTANT SURGEON	0	0		.00		.00	.000		112.82		.00
ANESTHESIOLOGIST	19	81		2,400.47		29.64	.006		126.34		.17
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	293	447		4,630.17		10.36	.032		.00 15.80		.33
RADIOLOGY	408	589		16,845.72		28.60	.042		41.29		1.21
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	45	53		1,945.94		36.72	.004				.14
OTHER SERVICES/ALL X-OVERS	316	809		19,768.35		24.44	.058		62.56		
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALLE DEPT OF HEALTH SERV	4,422	10,366	\$	358,995.16	\$	34.63	.743	\$			
PRESCRIPTION DRUGS	4,404	9,991		345,858.93		34.62	.716		78.53		24.78
SNF/ICF	3	9		717.23		79.69	.716 .001		78.53 239.08		.05
OUTPATIENTS	4,402	9,982		345,141.70		34.58	.715		78.41		24.73
MEDICAL SUPPLIES	203	375		13,136.23		35.03	.027		64.71		.94
@DENTIST	685	5,886	\$	135,938.55	\$	23.10	.422	\$	198.45	\$	9.74
VISITS - DIAGNOSTIC	494	4,283		47,023.80		10.98	.307		95.19 165.18		3.37
ORAL SURGERY	96	247		15,857.50		64.20	.018		165.18		1.14
DRUGS	18	41		755.00		18.41	.003		41.94		.05
ANESTHESIA	11	10		1,000.00		100.00	.001		90.91 61.88		.07
PERIODONTICS	8	10		495.00		49.50	.001		61.88		.04
ENDODONTICS	53	130		11,839.00		91.07	.009		223.38		.85
RESTORATIVE DENTISTRY	272	1,069		51,804.85		48.46	.077		223.38 190.46		3.71
PROSTHETICS	0	1		30.00		30.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00 106.63		.00
SPACE MAINTAINERS	8	9		853.00		94.78	.001		106.63		.06
MAXILLOFACIAL SERVICES	4	6		610.40		101.73	.000		152.60		.04
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	40	61		5,445.00		89.26	.004		136.13		.39
ALL OTHER SERVICES	15	19		225.00		11.84	.001		15.00		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITE	JRES 1	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN 20	04 THRU			P	AGE 6,254
	FEE-FOR-SERVICE/DE		-					-			03/14/05
	SUMMARY OF SERVICE		NO S	OC 03 04 2A 45 4A	4K 4	M 5K 7T 82 81	E 8W				, ,
12.056. BLIGTDING							M		HLY AVERA		

13,956 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER	(COST PER
		OR DAYS OF CAR	Ε		PER	UNIT/DAY	PER ELIG		USER	Ι	ELIGIBLE
@OPTOMETRIST	78	196	\$	4,593.98	\$	23.44	.014	\$	58.90	\$.33
DIAGNOSTIC AND ANC. PROCED	61	66		2,751.31		41.69	.005		45.10		.20
EYE APPLIANCES	44	130		1,842.67		14.17	.009		41.88		.13
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	14	19	\$	317.68	\$	16.72	.001	\$	22.69	\$.02
VISITS	14	19		317.68		16.72	.001		22.69		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	7	7	\$	259.51	\$	37.07	.001	\$	37.07	\$.02

MEDICINE/INJECTIONS	7	7	259.51		37.07 .00	1	37.07	.02
SURGERY/ANES.	0	0	.00		.00 .00	С	.00	.00
RADIO./PATHOLOGY	0	0	.00		.00 .00	С	.00	.00
OTHER	0	0	.00		.00 .00	С	.00	.00
@HOME HEALTH AGENCY	6	126	\$ 4,148.28	\$	32.92 .00	9 \$	691.38	\$.30
NURSE ANESTHESIST	1	15	\$ 148.99	\$	9.93 .00	1 \$	148.99	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00 .00) \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00 .00) \$.00	\$.00
FAMILY NURSE PRACTITIONER	9	10	\$ 270.34	\$	27.03 .00	1 \$	30.04	\$.02
@TOTAL HOSPITAL	1,149	4,436	\$ 1,025,417.38	\$ 2	231.16 .31	3 \$	892.44	\$ 73.48
HOSP INPATIENT TOTAL	131	563	915,822.06	16	626.68 .04	С	6991.01	65.62
HSC HOSPITALS	113	485	849,739.36	17	752.04 .03	5	7519.82	60.89
NON-HSC HOSPITAL TOTAL	19	78	66 , 082.70	8	347.21 .00	6	3478.04	4.74
ACCOMMODATIONS	19	78	22,776.87	2	292.01 .00	6	1198.78	1.63
ADMINISTRATIVE DAYS	0	0	.00		.00 .00	C	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00 .00	С	.00	.00
ALL OTHER ACCOM	19	78	22 , 776.87	2	292.01 .00	6	1198.78	1.63
ANCILLARIES	19	0	43,305.83		.00 .00	С	2279.25	3.10
INPATIENT CROSSOVERS	0	0	.00		.00 .00	С	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00 .00	С	.00	.00
HOSP OUTPATIENT TOTAL	1,052	3 , 873	109,595.32		28.30 .27		104.18	7.85
MEDICAL	234	391	20,409.73		52.20 .02	3	87.22	1.46
SURGERY	93	128	5,847.44		45.68 .00	9	62.88	.42
PATHOLOGY	413	1,445	14,806.69		10.25 .10	4	35.85	1.06
RADIOLOGY	261	330	21,974.97		66.59 .02	4	84.20	1.57
ROOM USE	636	808	32,165.22		39.81 .05	3	50.57	2.30
CROSSOVERS/ALL OTH OUTPINT	370	771	14,391.27		18.67 .05	5	38.90	1.03
@COUNTY HOSPITAL TOTAL	11	52	\$ 2,880.21	\$		4 \$	261.84	\$.21
CO HOSPITAL INPATIENT TOTAL	1	1	1,350.01	13	350.01 .00	С	1350.01	.10
HSC HOSPITALS	1	1	1,350.01	13	350.01 .00	С	1350.01	.10
NON-HSC HOSPITALS TOTAL	0	0	.00		.00 .00	С	.00	.00
ACCOMMODATIONS	0	0	.00		.00 .00	0	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	11	51		1,530.20	30.00	.004	139.11		.11
MEDICAL	5	7		415.19	59.31	.001	83.04		.03
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	6	17		252.26	14.84	.001	42.04		.02
RADIOLOGY	3	4		127.00	31.75	.000	42.33		.01
ROOM USE	9	13		508.90	39.15	.001	56.54		.04
CROSSOVERS/ALL OTH OUTPTNT	7	10		226.85	22.69	.001	32.41		.02
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MO					P	AGE 6,255
MOP024	FEE-FOR-SERVICE		110 110	JNIII OF TATMENT IN	BIONI FON OAN	2004 IIIKO DI	10 2004		03/14/05
MADERA COUNTY		/ICES FOR MIC - N	n soc	C 03 04 2A 45 4A	4K 4M 5K 7T 82	8F. 8W			03/11/03
THIBEITT GOOWTT	DOINGING OF BEIN	, 1010 1010 1110 11		0 00 01 211 10 111	111 111 011 71 02		THLY AVERA	GE	
13,956 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST		COST PER		COST PER
10,300 22101222	00210	OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,140	4,384	\$	1,022,537.17	\$ 233.24	.314			73.27
COMM HOSP INPATIENT TOTAL	130	562	τ	914,472.05	1627.17	.040	7034.40	Τ.	65.53
HSC HOSPITALS	112	484		848,389.35	1752.87	.035	7574.90		60.79
NON-HSC HOSPITALS TOTAL	19	78		66,082.70	847.21	.006	3478.04		4.74
ACCOMMODATIONS	19	78		22,776.87	292.01	.006	1198.78		1.63
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	19	78		22 , 776.87	292.01	.006	1198.78		1.63
ANCILLARIES	19	, 0		43,305.83	.00	.000	2279.25		3.10
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,043	3,822		108,065.12	28.27	.274	103.61		7.74
MEDICAL	230	384		19,994.54	52.07	.028	86.93		1.43
SURGERY	93	128		5,847.44	45.68	.009	62.88		.42
PATHOLOGY	407	1,428		14,554.43	10.19	.102	35.76		1.04
RADIOLOGY	258	326		21,847.97	67.02	.023	84.68		1.57
ROOM USE	628	795		31,656.32	39.82	.057	50.41		2.27
CROSSOVERS/ALL OTH OUTPTNT		761		14,164.42	18.61	.055	38.91		1.01
@STATE HOSPITAL	0	, 01	\$.00	\$.00	.000		Ś	.00
MENTALLY ILL	0	0	7	.00	.00	.000	.00	т.	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	1	30	\$	15,697.50	\$ 523.25		15697.50	Ś	1.12
LEV A-INTERMEDIATE	0	0	7	.00	.00	.000	.00	т.	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	ñ	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	1	30		15,697.50	523.25	.002	15697.50		1.12
LEV B-TRANSITIONAL IP CARE	n	0		.00	.00	.000	.00		.00
LEV B-REGULAR	n	0		.00	.00	.000	.00		.00
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@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DD

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	337	1,060	\$	14,060.75	\$	13.26	.076	\$	41.72	\$	1.01
PATHOLOGY	337	1,060		14,060.75		13.26	.076		41.72		1.01
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,417	3,371	\$	422,515.68	\$	125.34	.242	\$	174.81	\$	30.27
CLINIC	72	316		6,988.71		22.12	.023		97.07		.50
SURGICENTER	7	32		1,169.40		36.54	.002		167.06		.08
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,348	3,023		414,357.57		137.07	.217		176.47		29.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	RES M	ONTH-OF-PAYMENT	REPOR	T FOR JAN	2004 THRU	DEC	2004	P.	AGE 6,256
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
MADERA COUNTY	SUMMARY OF SERVI	CES FOR MIC - N	10 SO	C 03 04 2A 45 4A	4K 4	м 5к 7т 82	8E 8W				
							M	TNON	HLY AVERA	GE ·	
13,956 ELIGIBLES	USERS	UNITS OF SERVICE	Ē	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	'S	COST PER	(COST PER
		OR DAYS OF CARE	C		PE	R UNIT/DAY	PER ELIC	3	USER]	ELIGIBLE
@ALL OTHER PROVIDERS	310	2,087	\$	28,767.55	\$	13.78	.150	\$	92.80	\$	2.06
DURABLE MED. EQUIP.	6	6		1,426.82		237.80	.000		237.80		.10

						NIULI AVEVA	GE
13,956 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	310	2,087 \$	28,767.55	\$ 13.78	.150	\$ 92.80	\$ 2.06
DURABLE MED. EQUIP.	6	6	1,426.82	237.80	.000	237.80	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	73	1,291	17,620.15	13.65	.093	241.37	1.26
AMBULANCES/AIR TRANS	73	1,289	14,020.15	10.88	.092	192.06	1.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.26
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	22	22	2,310.00	105.00	.002	105.00	.17
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	118	257	3,748.08	14.58	.018	31.76	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	84	303	3,485.31	11.50	.022	41.49	.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	208	177.19	.85	.015	19.69	.01
@CALIF. CHILDREN SERVICES*	99	3,456 \$	536,950.80	\$ 155.37	.248	\$ 5423.75	\$ 38.47
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,257
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

111111111111111111111111111111111111111	COLUMNIC OF CEICLE	1020 1010 1110 0					0.0			
							MO	NTHLY AVERA	GE.	
110 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	238	2,012	\$	272,778.53	\$	135.58	18.291	\$ 1146.13	\$	2479.80
@PHYSICIANS SERVICES	127	581	\$	34,807.71	\$	59.91	5.282	\$ 274.08	\$	316.43

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	55	70		3,960.19		56.57	.636		72.00		36.00
OFFICE VISITS	10	12		341.74		28.48	.109		34.17		3.11
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	36	42		3,118.57		74.25	.382		86.63		28.35
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	10	16		499.88		31.24	.145		49.99		4.54
INPATIENT VISITS	24	151		10,571.58		70.01	1.373		440.48		96.11
HOSPITAL VISITS	23	129		7,246.70		56.18	1.173		315.07		65.88
CRITICAL CARE	3	22		3,324.88		151.13	.200		1108.29		30.23
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	27	109		10,322.13		94.70	.991		382.30		93.84
PRINCIPAL SURGEON	17	28		8,250.52		294.66	.255		485.32		75.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	12	81		2,071.61		25.58	.736		172.63		18.83
OUTPATIENT SURGERY	15	27		2,001.05		74.11	.245		133.40		18.19
PRINCIPAL SURGEON	11	11		1,536.47		139.68	.100		139.68		13.97
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5	16		464.58		29.04	.145		92.92		4.22
DIALYSIS	2	17		1,226.72		72.16	.155		613.36		11.15
PATHOLOGY	9	39		1,279.29		32.80	.355		142.14		11.63
RADIOLOGY	40	124		3,262.60		26.31	1.127		81.57		29.66
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	24	44		2,184.15		49.64	.400		91.01		19.86
@PHARMACY	38	149	\$	7,954.67	\$	53.39	1.355	\$		\$	72.32
PRESCRIPTION DRUGS	35	121	т.	7,696.40	,	63.61	1.100	7	219.90	7	69.97
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	35	121		7,696.40		63.61	1.100		219.90		69.97
MEDICAL SUPPLIES	8	28		258.27		9.22	.255		32.28		2.35
@DENTIST	25	160	\$	1,840.00	\$	11.50	1.455	Ś	73.60	Ś	16.73
VISITS - DIAGNOSTIC	17	121	т	723.00	τ	5.98	1.100	т	42.53	Τ.	6.57
ORAL SURGERY	1	2		.00		.00	.018		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	Õ		.00		.00	.000		.00		.00
PERIODONTICS	2	2		173.00		86.50	.018		86.50		1.57
ENDODONTICS	3	4		112.00		28.00	.036		37.33		1.02
RESTORATIVE DENTISTRY	13	31		832.00		26.84	.282		64.00		7.56
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
·	0	0		.00		.00	.000				
ORTHODONTIC SERVICES ALL OTHER SERVICES	9	0		.00					.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDITO									Ъ	.UU
	FEE-FOR-SERVICE		12 IV	IONTH-OF-PAIMENT R	KEPORT	FOR JAN 2	2004 THRU	DEC	2004		
		•				AID CODE	0.2				03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR MIC - SC							ת מיינות עד דוו	CE.	
110 ELIGIBLES	USERS	UNITS OF SERVICE		EADEMULLIDES	7/ 7/ 17 1		M				
TIO DUIGIDUDS	OPERO	OR DAYS OF CARE		RVERNDIIAURO			PER ELIG				ELIGIBLE
AODTOMETRICT	2	OR DAYS OF CARE		00 20		22.58			45.15		
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	1	1	ٻ	47.45			.036			Ą	.43
PIAGNOSIIC AND ANC. FROCED	Τ	Т		47.45		71.40	.009		7/.40		.40

EYE APPLIANCES	1	3		42.85		14.28	.027		42.85		.39
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
VISITS	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	ċ	.00	ċ	.00
-	0	ŭ	ې		ş			ې		Ą	
MEDICINE/INJECTIONS	U	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		.00		.00
NURSE ANESTHESIST	1	38	\$	468.57	\$	12.33		\$	468.57		4.26
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	80	535	\$	208,165.52	\$	389.09	4.864	\$	2602.07	\$	1892.41
HOSP INPATIENT TOTAL	27	127		195,191.81		1536.94	1.155		7229.33		1774.47
HSC HOSPITALS	24	120		189,311.00		1577.59	1.091		7887.96		1721.01
NON-HSC HOSPITAL TOTAL	3	7		5,880.81		840.12	.064		1960.27		53.46
ACCOMMODATIONS	3	7		1,396.98		199.57	.064		465.66		12.70
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	7		1,396.98		199.57	.064		465.66		12.70
ANCILLARIES	3	Ó		4,483.83		.00	.000		1494.61		40.76
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	59	408		12,973.71		31.80	3.709		219.89		117.94
MEDICAL	21	37		1,024.16		27.68	.336		48.77		9.31
SURGERY	10	12		1,004.56		83.71	.109		100.46		9.13
PATHOLOGY	25	122		1,328.72		10.89	1.109		53.15		12.08
RADIOLOGY	21	43		4,752.53		110.52	.391		226.31		43.20
ROOM USE	44	64		2,951.73		46.12	.582		67.08		26.83
CROSSOVERS/ALL OTH OUTPTNT	38	130		1,912.01		14.71	1.182		50.32		17.38
@COUNTY HOSPITAL TOTAL	3	9	\$	1,412.03	\$	156.89	.082	\$		\$	12.84
CO HOSPITAL INPATIENT TOTAL	1	1		1,350.00		1350.00	.009		1350.00		12.27
HSC HOSPITALS	1	1		1,350.00		1350.00	.009		1350.00		12.27
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	8		62.03		7.75	.073		31.02		.56
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	5		24.73		4.95	.045		12.37		.22
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		18.17		18.17	.009		18.17		.17
CROSSOVERS/ALL OTH OUTPTNT	1	2		19.13		9.57	.018		19.13		.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI		FC MA		FDOD			DEC		D	AGE 6,259
			ıı∂ MIC	NIII OF ENIMENT RE	LE OK	I LOI OHN	7004 IUVO	יביר	, <u>2004</u>	r,	
MOPO24	FEE-FOR-SERVICE/DENTA		00			ATD COD	7 02				03/14/05
MADERA COUNTY	SUMMARY OF SERVICES I	FUR MIC - S				AID CODE		~ N T IT	יים מודע עדווו	CE	
110 ELICIDIES	HEEDE HINTE	C OF CEDIATOR		EADENDIMIDEC	71 77	EDACE COC	M ––––– ש		HLY AVERA	-	

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	78	526	\$ 206,753.49	\$ 393.07	4.782	\$ 2650.69	\$ 1879.58	
COMM HOSP INPATIENT TOTAL	26	126	193,841.81	1538.43	1.145	7455.45	1762.20	
HSC HOSPITALS	23	119	187,961.00	1579.50	1.082	8172.22	1708.74	
NON-HSC HOSPITALS TOTAL	3	7	5,880.81	840.12	.064	1960.27	53.46	
ACCOMMODATIONS	3	7	1,396.98	199.57	.064	465.66	12.70	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	3	7	1,396.98	199.57	.064	465.66	12.70	
ANCILLARIES	3	0	4,483.83	.00	.000	1494.61	40.76	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	58	400	12,911.68	32.28	3.636	222.62	117.38	
MEDICAL	21	37	1,024.16	27.68	.336	48.77	9.31	
SURGERY	10	12	1,004.56	83.71	.109	100.46	9.13	
PATHOLOGY	24	117	1,303.99	11.15	1.064	54.33	11.85	
RADIOLOGY	21	43	4,752.53	110.52	.391	226.31	43.20	
ROOM USE	44	63	2 , 933.56	46.56	.573	66.67	26.67	
CROSSOVERS/ALL OTH OUTPINT	38	128	1,892.88	14.79	1.164	49.81	17.21	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	

ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	21 \$	708.71	\$	33.75	.191	\$	88.59	\$	6.44
PATHOLOGY	8	21	708.71		33.75	.191		88.59		6.44
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	31	52 \$	8,422.57	\$	161.97	.473	\$	271.70	\$	76.57
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	31	52	8,422.57		161.97	.473		271.70		76.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 6,260
MOP024	FEE-FOR-SERVICE/DEN	ITAL								03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR MIC - SOC			AID CODE	E 83				
						M	IONTH	LY AVERA	GE -	

					MC	NTHLY AVERA	GE
110 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	19	472 \$	10,320.48	\$ 21.87	4.291	\$ 543.18	\$ 93.82
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	468	10,274.82	21.95	4.255	604.40	93.41
AMBULANCES/AIR TRANS	17	466	6,674.82	14.32	4.236	392.64	60.68
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.018	1800.00	32.73
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	24.86	12.43	.018	24.86	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	20.80	10.40	.018	20.80	.19
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	30	625 \$	168,195.42	\$ 269.11	5.682	\$ 5606.51	\$ 1529.05
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

THIDDIUL COONTI	DOINTING OF BEIN	TODO TON THEFTON		NDIGENI CHIEDREN	101111	MO	ONTHLY AVE	RAGE	
14,066 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			_	ST PER
,		OR DAYS OF CARE			PER UNIT/DAY				IGIBLE
@TOTAL, ALL PROVIDERS	9,559 3,433 2,714	36,864	\$	2,582,385.10	\$ 70.05	2.621	\$ 270.1	5 \$	183.59
@PHYSICIANS SERVICES	3,433	7,780	\$	324,931.28	\$ 41.76	.553	\$ 94.6	5 \$	23.10
OUTPATIENT VISITS	2,714	4,079		131,146.05	32.15	.290	48.3		9.32
OFFICE VISITS	2,182	2,800		82,700.71	29.54	.199	37.9		5.88
HOME VISITS	, 0	0		.00	.00	.000	.0	0	.00
EMERGENCY ROOM	408	455		26,200.22	57.58	.032	64.2		1.86
PREVENTIVE CARE	5	5		238.00	47.60	.000	47.6		.02
OB VISITS/COMPRE PERI	130	693		18,096.76	26.11	.049	139.2		1.29
OTHER OUTPATIENT	90	126		3,910.36	31.03	.009	43.4		.28
INPATIENT VISITS	277	848		58,978.73	69.55	.060	212.9		4.19
HOSPITAL VISITS	268	684		34,523.11	50.47	.049	128.8		2.45
CRITICAL CARE	14	164		24,455.62	149.12	.012	1746.8		1.74
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.0		.00
OPHTHALMOLOGICAL SERVICES	69	76		3,669.98	48.29	.005	53.1		.26
EXAMINATIONS	69	76		3,669.98	48.29	.005	53.1		.26
SERVICES AND MATERIALS	0	0				.000	.0		.00
INPATIENT HOSPITAL SURGERY	114	443		65,664.22	148 23	.031	576.0		4.67
PRINCIPAL SURGEON	79	100		55,262.36	552 62	.007	699.5		3.93
ASSISTANT SURGEON	7	7		1,869.37	267 05	.000	267.0		.13
ANESTHESIOLOGIST	47	336		8,532.49	25 30	.024	181.5		.13
OUTPATIENT SURGERY	119	212		14,329.36	23.39 67.50	.015	120.4		1.02
PRINCIPAL SURGEON	99	115		11,464.31	.00 148.23 552.62 267.05 25.39 67.59 99.69	.008	115.8		.82
ASSISTANT SURGEON	0	0		.00	.00	.000	.0		.00
	24	97		2,865.05	29.54	.007	119.3		.20
ANESTHESIOLOGIST DIALYSIS	2	17		1,226.72	72.16	.007	613.3		.09
	302	486		5,909.46	12.16	.035	19.5		.42
PATHOLOGY	448	713			28.20		44.8		1.43
RADIOLOGY	448	713		20,108.32	.00	.051	.0		
PSYCHIATRY		53		.00		.004			.00
IMMUNIZATION AND INJECTION	340	853		1,945.94 21,952.50	36.72 25.74		43.2		.14 1.56
OTHER SERVICES/ALL X-OVERS			ć			.061 .748	64.5		
@PHARMACY	4,460	10,515	\$	366,949.83	\$ 34.90			8 \$	26.09
PRESCRIPTION DRUGS	4,439	10 , 112		353,555.33	34.96	.719	79.6		25.14
SNF/ICF	3			717.23	79.69	.001 .718	239.0		.05
OUTPATIENTS	4,437	10,103		352,838.10	34.92 33.24		79.5		25.08
MEDICAL SUPPLIES	211	403 6,046	\$	•		.029	63.4		.95
@DENTIST	710 511 97		Ą	137,778.55	10.84		\$ 194.0		9.80
VISITS - DIAGNOSTIC	211	4,404		47,746.80	63.68	.313 .018	93.4		3.39
ORAL SURGERY	18	249 41		15,857.50	63.68		163.4		1.13
DRUGS	18			755.00	18.41	.003	41.9		.05
ANESTHESIA	10	10		1,000.00	100.00	.001	90.9		.07
PERIODONTICS	10 56	12		668.00	55.67	.001	66.8		.05
ENDODONTICS		134		11,951.00	89.19	.010	213.4		.85
RESTORATIVE DENTISTRY	285	1,100		52,636.85	47.85	.078	184.6		3.74
PROSTHETICS	0	1		30.00	30.00	.000	.0		.00
DENTURES, STAYPLATES	-	0		.00	.00	.000	.0		.00
SPACE MAINTAINERS	8	9		853.00	94.78	.001	106.6		.06
MAXILLOFACIAL SERVICES	4	6		610.40	101.73	.000	152.6		.04
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.0		.00
ORTHODONTIC SERVICES	40	61		5,445.00	89.26	.004	136.1		.39
ALL OTHER SERVICES	15	19		225.00	11.84	.001	15.0		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	IRS AND EXPENDITUR	CHIS MO	ONTH-OF-PAYMENT RE	PORT FOR JAN :	ZUU4 'I'HRU I	DEC 2004	PAG	E 6.262

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,262 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY	SUMMARY OF SER	VICES FOR MEDICAL	LY I	NDIGENT - CHILDREN	1 – TO	OTAL	2.5	~ » т ш		C.E.	
14 066 BLIGIBLES	HORDO	INTEG OF GERMAN			7.7.7.7	D3.CE COCE	MO			ŒĽ.	
14,066 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	S			COST PER ELIGIBLE
@OPTOMETRIST	80	OR DAYS OF CARE 200	\$	4,684.28	\$	UNIT/DAY 23.42	.014	ċ	USER 58.55	خ	.33
DIAGNOSTIC AND ANC. PROCED	62	67	ې	2,798.76	Ą	41.77	.005	ې	45.14	۲	.20
	45	133		1,885.52		14.18	.009		41.90		.13
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0	133		.00		.00	.009		.00		.13
	14	19	\$		\$	16.72		ċ	22.69	ċ	.02
@CHIROPRACTOR	14	19	ې	317.68 317.68	Ą	16.72	.001 .001	Ş	22.69	Ą	.02
VISITS	0	0				.00	.000		.00		.02
OTHER SERVICES	7	7	Ċ	.00	Ċ			ċ		ċ	
@PODIATRIST	7	7	\$	259.51	\$	37.07 37.07		\$	37.07 37.07	Þ	.02
MEDICINE/INJECTIONS	0			259.51			.000				.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	6	0	<u> </u>	.00	<u>^</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@HOME HEALTH AGENCY	-	126	Ş	4,148.28	\$	32.92		\$	691.38	\$.29
NURSE ANESTHESIST	2	53	Ş	617.56	\$	11.65		\$	308.78	\$.04
NURSE MIDWIFE	0	0	Ş	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	9	10	Ş	270.34	\$	27.03	.001	\$	30.04	\$.02
@TOTAL HOSPITAL	1,229	4,971	Ş	1,233,582.90	Ş	248.16		\$	1003.73	\$	87.70
HOSP INPATIENT TOTAL	158	690		1,111,013.87		1610.17	.049		7031.73		78.99
HSC HOSPITALS	137	605		1,039,050.36		1717.44	.043		7584.31		73.87
NON-HSC HOSPITAL TOTAL	22	85		71,963.51		846.63	.006		3271.07		5.12
ACCOMMODATIONS	22	85		24,173.85		284.40	.006		1098.81		1.72
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	22	85		24,173.85		284.40	.006		1098.81		1.72
ANCILLARIES	22	0		47,789.66		.00	.000		2172.26		3.40
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,111	4,281		122,569.03		28.63	.304		110.32		8.71
MEDICAL	255	428		21,433.89		50.08	.030		84.05		1.52
SURGERY	103	140		6,852.00		48.94	.010		66.52		.49
PATHOLOGY	438	1,567		16,135.41		10.30	.111		36.84		1.15
RADIOLOGY	282	373		26,727.50		71.66	.027		94.78		1.90
ROOM USE	680	872		35,116.95		40.27	.062		51.64		2.50
CROSSOVERS/ALL OTH OUTPTNT		901		16,303.28		18.09	.064		39.96		1.16
@COUNTY HOSPITAL TOTAL	14	61	\$	4,292.24	\$	70.36	.004	Ş	306.59	Ş	.31
CO HOSPITAL INPATIENT TOTAL	. 2	2		2,700.01		1350.01	.000		1350.01		.19
HSC HOSPITALS	2	2		2,700.01	-	1350.01	.000		1350.01		.19
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	13	59		1,592.23		26.99	.004		122.48		.11
MEDICAL	5	7		415.19		59.31	.000		83.04		.03
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	8	22		276.99		12.59	.002		34.62		.02
RADIOLOGY	3	4		127.00		31.75	.000		42.33		.01
ROOM USE	10	14		527.07		37.65	.001		52.71		.04

CROSSOVERS/ALL OTH OUTPTNT 8 12 245.98 20.50 .001 30.75 .02 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,263

03/14/05

FEE-FOR-SERVICE/DENTAL

MOP024

MADERA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

THIBBIUT COONTT	SOTHER OF SERV			TVD T CETY T	101111			MONT	HLY AVERA	CF	
14,066 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE	COST	UNITS/DA		COST PER		COST PER
11,000 11101111111111111111111111111111	ОВЫКО	OR DAYS OF CARE		EXILINDITOREO			PER ELI		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,218	4,910	\$	1,229,290.66		.36		\$	1009.27		87.39
COMM HOSP INPATIENT TOTAL	156	688	۲	1,108,313.86	1610		.049		7104.58	7	78.79
HSC HOSPITALS	135	603		1,036,350.35	1718		.043		7676.67		73.68
NON-HSC HOSPITALS TOTAL	22	85		71,963.51		.63	.006		3271.07		5.12
ACCOMMODATIONS	22	85		24,173.85		.40	.006		1098.81		1.72
ADMINISTRATIVE DAYS	0	0		.00	201	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	22	85		24,173.85	284	.40	.006		1098.81		1.72
ANCILLARIES	22	0		47,789.66	201	.00	.000		2172.26		3.40
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,101	4,222		120,976.80		.65	.300		109.88		8.60
MEDICAL	251	421		21,018.70		.93	.030		83.74		1.49
SURGERY	103	140		6,852.00		.94	.010		66.52		.49
PATHOLOGY	431	1,545		15,858.42		.26	.110		36.79		1.13
RADIOLOGY	279	369		26,600.50		.09	.026		95.34		1.13
ROOM USE	672	858		34,589.88		.31	.026		51.47		2.46
CROSSOVERS/ALL OTH OUTPINT	402	889		16,057.30		.06	.063		39.94		1.14
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		.00	\$.00
MENTALLY ILL	0	0	Y	.00	Ÿ	.00	.000		.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	30	Ś	15,697.50	\$ 523	.25	.002		15697.50	\$	1.12
LEV A-INTERMEDIATE	0	0	Y	.00	Ψ 525	.00	.002		.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	30		15,697.50	523	.25	.002		15697.50		1.12
LEV B-TRANSITIONAL IP CARE	0	0		.00	525	.00	.002		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	1	16	Ś	6,793.28	\$ 424	.58	.001		6793.28	s	.48
ICF DDH	0	0	Υ	.00	Ψ 121	.00	.000		.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	1	16		6,793.28	424	.58	.001		6793.28		.48
@HEMODIALYSIS TOTAL	0	0	Ś	.00	\$.00	.000			\$.00
HOSPITAL BASED	0	0	Υ	.00	Ψ	.00	.000		.00	7	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	17	28	Ś	1,558.37	\$ 55	.66	.002		91.67	\$.11
HOSPITAL BASED	17	28	Τ	1,558.37		.66	.002		91.67	т	.11
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	345	1,081	Ś	14,769.46	\$ 13	.66	.077		42.81	\$	1.05
PATHOLOGY	345	1,081	Τ	14,769.46		.66	.077		42.81	т	1.05
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,448	3,423	Ś	430,938.25	\$ 125	.89	.243		176.04	\$	30.64
CLINIC	72	316	т	6,988.71		.12	.022		97.07	т	.50
SURGICENTER	7	32		1,169.40		.54	.002		167.06		.08
HEROIN DETOX CLINIC	0	0		.00	3.0	.00	.000		.00		.00
RURAL HEALTH CLINIC	2,379	3,075		422,780.14	137	.49	.219		177.71		30.06
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S M							P	AGE 6,264
MOP024	FEE-FOR-SERVICE		_~ 110			. 01111		210		_	03/14/05
MADERA COUNTY		ICES FOR MEDICAL	יד אי	NDIGENT - CHILDRE	TATOT - N						00,11,00

14,066 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	329	2 , 559	\$ 39,088.03	\$ 15.27	.182	\$ 118.81	\$ 2.78
DURABLE MED. EQUIP.	6	6	1,426.82	237.80	.000	237.80	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	90	1 , 759	27 , 894.97	15.86	.125	309.94	1.98
AMBULANCES/AIR TRANS	90	1 , 755	20,694.97	11.79	.125	229.94	1.47
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	4	7,200.00	1800.00	.000	1800.00	.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	22	22	2,310.00	105.00	.002	105.00	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	119	259	3,772.94	14.57	.018	31.71	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	85	305	3,506.11	11.50	.022	41.25	.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	208	177.19	.85	.015	19.69	.01
@CALIF. CHILDREN SERVICES*	129	4,081	\$ 705,146.22	\$ 172.79	.290	\$ 5466.25	\$ 50.13

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,265

MOP024 FEE-FOR-SERVICE/DENTAL

MADERA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

MADERA COUNTY	SUMMARY OF SERV	ICES FOR MIA - I	NO S	OC - AID PAID PENDI	.NG AID CODE			C.P.
00 811018180	HOEDO	IINITES OF SERVICE	_		317DD3 CD	MON'		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR		0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	т	.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	٧	.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00			.00	
RESTORATIVE DENTISTRY	U	U			.00	.000		.00
PROSTHETICS	U	U		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	U	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00

0 MAXILLOFACIAL SERVICES .00 .00 .000 .00 .00 0 0 FRACTURES, DISLOCATIONS .00 .00 .000 .00 .00 0 ORTHODONTIC SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,266

03/14/05

FEE-FOR-SERVICE/DENTAL MADERA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

MOP024

MADERA COUNTY	SUMMARY OF SER	VICES FOR MIA -	NO SOC	- AID PAID PEND.	LNG	AID CODE		NT III	III V ATZEDA	C E	
OO ELICIBLES	HCEDC	IINITEC OF CEDIT	CE	EADENDIMIDEC	70, 7, 7, 17, 17	DACE COCH	MC			GE	
00 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAYS	>	USER		COST PER ELIGIBLE
@OPTOMETRIST	0	OR DAYS OF CA	KE \$	0.0	PER \$	UNIT/DAY	.000	ċ	.00	\$.00
-	0	0	ې	.00	Ş		.000	Ą		Ą	
DIAGNOSTIC AND ANC. PROCED	0			.00		.00			.00		.00
EYE APPLIANCES	0	0		.00		.00	.000				.00
OTHER OPTOMETRIC SERVICES	0	0	Ċ	.00	\$.00	.000	ċ	.00	Ś	.00
@CHIROPRACTOR	0	0	\$.00	Ş	.00		\$		Þ	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0	\$.00	Ś	.00	.000	ċ	.00	Ś	.00
@PODIATRIST	0	0	Ą	.00	Ą	.00	.000	\$.00	Ą	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0									
RADIO./PATHOLOGY	0			.00		.00	.000		.00		.00
OTHER	0	0	ć	.00	Ċ	.00	.000	Ċ	.00	_	.00
@HOME HEALTH AGENCY	0	0	\$.00	ې د	.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	•	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	•		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	<u> </u>	.00	<u>^</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEG	2004	PAGE 6,267
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FO	OR MIA - NO SOC	- AID PAID PENDING	AID CODE	81		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 .00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL .00 0 .00 .00 .000 .00 .00 .00 .000 .00 HSC HOSPITALS .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .00 .000 .00 SURGERY .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 PATHOLOGY RADIOLOGY .00 .00 .00 .000 .00 0 ROOM USE .00 .00 .000 .00 .00 0 .00 .00 CROSSOVERS/ALL OTH OUTPINT .00 .000 .00 0 .00 \$ @STATE HOSPITAL .00 .00 .000 \$.00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 0 .00 LEV B-REHAB MD .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 .00 .00 0 .00 ICF DDH .00 .000 .00 .00 0 .00 .00 ICF DD .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 @HEMODIALYSIS TOTAL .00 .00 .000 \$.00 .00 HOSPITAL BASED .00 .00 .000 .00 .00 0 HEMODIALYSIS CENTER .00 .00 .000 .00 .00 @REHABILITATION FACILITY Ω .00 .00 .000 .00 .00 0 .00 .00 .00 .000 .00 HOSPITAL BASED 0 .00 INDEPENDENT FACILITY .00 .000 .00 .00 .00 .00 .000 Ś .00 .00 **@LABORATORY FACILITY** .00 .00 .00 .000 .00 PATHOLOGY 0 XO AND OTHERS .00 .00 .000 .00 .00 \$ 0 Ś .00 .00 \$ @ORGANIZED OUTPATIENT CLINIC .00 .000 .00 CLINIC .00 .00 .000 .00 .00

SURGICENTER 0 0 .00 .00 .000 .00 .00 .000 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC Ω Ω .00 .00 .000 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,268 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MONIBULLY ALIEDACE

SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

					MONT	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVEN A	AS A SEPAR	ATE INFORMATION ITEM C	NLY;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MADERA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,269
MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

						MON	THLY AVERA	GE
284 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	473	2 , 927	\$	301,254.28	\$ 102.92	10.306 \$	636.90	\$ 1060.75
@PHYSICIANS SERVICES	278	1,234	\$	77,448.92	\$ 62.76	4.345 \$	278.59	\$ 272.71
OUTPATIENT VISITS	159	692		21,807.03	31.51	2.437	137.15	76.79
OFFICE VISITS	29	32		1,353.05	42.28	.113	46.66	4.76
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	21	23		1,588.47	69.06	.081	75.64	5.59
PREVENTIVE CARE	1	1		68.73	68.73	.004	68.73	.24
OB VISITS/COMPRE PERI	129	636		18 , 796.78	29.55	2.239	145.71	66.19

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00		.00	.000	.00	.00
INPATIENT VISITS	36	81	4,430.10		54.69	.285	123.06	15.60
HOSPITAL VISITS	34	64	2,683.94	4	11.94	.225	78.94	9.45
CRITICAL CARE	2	17	1,746.16	10	2.72	.060	873.08	6.15
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	77.00	3	38.50	.007	38.50	.27
EXAMINATIONS	2	2	77.00	3	38.50	.007	38.50	.27
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	70	174	39,956.04	22	29.63	.613	570.80	140.69
PRINCIPAL SURGEON	52	67	35,287.46	52	26.68	.236	678.61	124.25
ASSISTANT SURGEON	10	10	1,865.00	18	36.50	.035	186.50	6.57
ANESTHESIOLOGIST	16	97	2,803.58	2	28.90	.342	175.22	9.87
OUTPATIENT SURGERY	15	22	1,883.40	8	35.61	.077	125.56	6.63
PRINCIPAL SURGEON	15	19	1,793.82	9	94.41	.067	119.59	6.32
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	3	3	89.58	2	29.86	.011	29.86	.32
DIALYSIS	0	0	.00		.00	.000	.00	.00
PATHOLOGY	71	126	1,862.77	1	L4.78	.444	26.24	6.56
RADIOLOGY	74	87	4,747.55		54.57	.306	64.16	16.72
PSYCHIATRY	0	0	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	13	463.91	3	35.69	.046	51.55	1.63
OTHER SERVICES/ALL X-OVERS	27	37	2,221.12	6	50.03	.130	82.26	7.82
@PHARMACY	166	354	\$ 17,678.23	\$ 4	19.94	1.246	\$ 106.50	\$ 62.25
PRESCRIPTION DRUGS	162	326	15,866.89	4	18.67	1.148	97.94	55.87
SNF/ICF	0	0	.00		.00	.000	.00	.00
OUTPATIENTS	162	326	15,866.89	4	18.67	1.148	97.94	55.87
MEDICAL SUPPLIES	12	28	1,811.34	6	54.69	.099	150.95	6.38
@DENTIST	17	83	\$ 2,740.00	\$ 3	33.01	.292	\$ 161.18	\$ 9.65
VISITS - DIAGNOSTIC	15	54	859.00	1	L5.91	.190	57.27	3.02
ORAL SURGERY	3	4	215.00	5	3.75	.014	71.67	.76
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00

PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	3	4		666.00		166.50	.014	222.00		2.35
RESTORATIVE DENTISTRY	7	20		970.00		48.50	.070	138.57		3.42
PROSTHETICS	1	1		30.00		30.00	.004	30.00		.11
DENTURES, STAYPLATES		0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	•	U ES AND EXPENDITUF	EC MON						Б	
MOP024	FEE-FOR-SERVICE		KES MON	TH-OF-PAIMENT	REPOR	T FOR JAN 2	2004 THRU D.	EC 2004	Р	AGE 6,270
MADERA COUNTY	SUMMARY OF SERVICE		000	DDECNAME		AID CODE	0.6			03/14/05
MADERA COUNTY	SUMMARY OF SERVI	ICES FOR MIA - N	10 500	- PREGNANT		AID CODE		ATTEN ATTENA	CE	
284 ELIGIBLES	USERS	INTER OF CERTICE	,	EXPENDITURES	70. 7. 7.	EDACE COCE	UNITS/DAYS	NTHLY AVERA COST PER	-	COST PER
284 ELIGIBLES	USEKS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	5	13	S	310.34		23.87	.046		Ś	1.09
DIAGNOSTIC AND ANC. PROCED	4	4	Υ	181.79		45.45	.014	45.45	۲	.64
EYE APPLIANCES	3	9		128.55		14.28	.032	42.85		.45
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	2	3	\$	50.16		16.72	.011		Ś	.18
VISITS	2	3	٧	50.16		16.72	.011	25.08	Y	.18
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	3	3	\$	115.50		38.50	.011		Ś	.41
MEDICINE/INJECTIONS	3	3	٧	115.50		38.50	.011	38.50	Y	.41
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00		.00		\$.00	Ś	.00
NURSE ANESTHESIST	0	0	\$.00		.00		\$.00	Ś	.00
NURSE MIDWIFE	0	0	Ś	.00		.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	3 0	0	Ś	.00	т -	.00		\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00		.00		\$.00	Ś	.00
@TOTAL HOSPITAL	198	641	Š	152,286.42		237.58		\$ 769.12	Ś	536.22
HOSP INPATIENT TOTAL	40	141	т	139,288.62		987.86	.496	3482.22	т	490.45
HSC HOSPITALS	2.5	73		100,280.33		1373.70	.257	4011.21		353.10
NON-HSC HOSPITAL TOTAL	15	68		39,008.29		573.65	.239	2600.55		137.35
ACCOMMODATIONS	15	68		19,274.43		283.45	.239	1284.96		67.87
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	•	V		.00			. 0 0 0	• 0 0		• 0 0
	0	0		.00		.00	.000	.00		.00

19,733.86

12,997.80

727.00

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3,091.20

3,735.23

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ANCILLARIES

MEDICAL SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	15	435.41	29.03	.053	435.41	1.53
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	6.28	6.28	.004	6.28	.02
PATHOLOGY	1		129.02	21.50	.021	129.02	.45
RADIOLOGY		0	.00	.00	.000	.00	.00
ROOM USE	1	4	263.13	65.78	.014	263.13	.93
CROSSOVERS/ALL OTH OUTPINT	1	4	36.98	9.25	.014	36.98	.13
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					
MOP024	FEE-FOR-SERVICE		ONIH-OF-PAIMENI R	EPORI FOR JAN	2004 IRO DEC	2004	PAGE 6,271 03/14/05
MADERA COUNTY		ICES FOR MIA - NO SO	C - DDECNAME	AID CODE	0.6		03/14/03
MADERA COUNTI	SUMMAKI OF SERV	ICES FOR MIA - NO SO	C - FREGNANI	AID CODE	MONI	מסקנא עדעי	CF
284 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ATTEDACE COST	UNITS/DAYS		COST PER
204 EDIGIDAES	OSEKS	OR DAYS OF CARE	EXFERDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	197	626 \$	151,851.01	\$ 242.57	2.204 \$		
COMM HOSP INPATIENT TOTAL	40	141	139,288.62	987.86	.496	3482.22	490.45
HSC HOSPITALS	25	73	100,280.33	1373.70	.257	4011.21	353.10
NON-HSC HOSPITALS TOTAL	15	68	39,008.29	573.65	.239	2600.55	137.35
ACCOMMODATIONS	15	68	19,274.43	283.45	.239	1284.96	67.87
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	68	19,274.43	283.45		1284.96	67.87
ANCILLARIES	15	0	19,733.86	.00	.000	1315.59	69.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	168	485	12,562.39	25.90	1.708	74.78	44.23
MEDICAL	9	11	727.00	66.09	.039	80.78	2.56
SURGERY	7	13	348.13	26.78	.046	49.73	1.23
PATHOLOGY	92	235	2,857.97	12.16	.827	31.06	10.06
RADIOLOGY	33	41	3,091.20	75.40	.144	93.67	10.88
ROOM USE	58	89	3,472.10	39.01	.313	59.86	12.23
CROSSOVERS/ALL OTH OUTPINT		96	2,065.99	21.52	.338	38.26	7.27
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
-	-	-		. • •			

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	74	210	\$	3,911.79	\$	18.63	.739		\$	13.77
PATHOLOGY	74	208		3,792.79		18.23	.732	51.25		13.35
XO AND OTHERS	2	2		119.00		59.50	.007	59.50		.42
@ORGANIZED OUTPATIENT CLINIC	106	306	\$	43,649.69	\$	142.65	1.077	\$ 411.79	\$	153.70
CLINIC	22	97		2,449.01		25.25	.342	111.32		8.62
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	87	209		41,200.68		197.13	.736	473.57		145.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	ES AND EXPENDITURES	S MON	TH-OF-PAYMENT F	REPORT	FOR JAN 2	2004 THRU D	EC 2004	PA	GE 6,272
MOP024	FEE-FOR-SERVICE									03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR MIA - NO	SOC	- PREGNANT		AID CODE	86			
							MO	NTHLY AVERA	GE -	
284 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	Ε	LIGIBLE
@ALL OTHER PROVIDERS	33	80	\$	3,063.23	\$	38.29	.282	\$ 92.83	\$	10.79
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	6	47		646.06		13.75	.165	107.68		2.27
AMBULANCES/AIR TRANS	6	47		646.06		13.75	.165	107.68		2.27
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	21	21		2,205.00		105.00	.074	105.00		7.76
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	5	11		115.67		10.52	.039	23.13		.41
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	1	1		96.50		96.50	.004	96.50		.34
PROSTHETICS	1	1		96.50		96.50	.004	96.50		.34
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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ALL OTHER PROVIDERS

@CALIF. CHILDREN SERVICES*

@XOVER EXCLUDING STATE HOSP**

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,273
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

.00

.00 \$

9,450.00 \$

.00

30.78

.000

.000 \$

.00

.00 \$

1.081 \$ 9450.00 \$

.00

33.27

.00

0

0

						MON	THLY AVERAG	GE ·	
284 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	473	2,927	\$ 301,254.28	\$	102.92	10.306	636.90	\$	1060.75
@PHYSICIANS SERVICES	278	1,234	\$ 77,448.92	\$	62.76	4.345	278.59	\$	272.71

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	159	692		21,807.03	31.51	2.437	137.15		76.79
OFFICE VISITS	29	32		1,353.05	42.28	.113	46.66		4.76
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	21	23		1,588.47	69.06	.081	75.64		5.59
PREVENTIVE CARE	1	1		68.73	68.73	.004	68.73		.24
OB VISITS/COMPRE PERI	129	636		18,796.78	29.55	2.239	145.71		66.19
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	36	81		4,430.10	54.69	.285	123.06		15.60
HOSPITAL VISITS	34	64		2,683.94	41.94	.225	78.94		9.45
CRITICAL CARE	2	17		1,746.16	102.72	.060	873.08		6.15
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	2	2		77.00	38.50	.007	38.50		.27
EXAMINATIONS	2	2		77.00	38.50	.007	38.50		.27
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	70	174		39,956.04	229.63	.613	570.80		140.69
PRINCIPAL SURGEON	52	67		35,287.46	526.68	.236	678.61		124.25
ASSISTANT SURGEON	10	10		1,865.00	186.50	.035	186.50		6.57
ANESTHESIOLOGIST	16	97		2,803.58	28.90	.342	175.22		9.87
OUTPATIENT SURGERY	15	22		1,883.40	85.61	.077	125.56		6.63
PRINCIPAL SURGEON	15	19		1,793.82	94.41	.067	119.59		6.32
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	3	3		89.58	29.86	.011	29.86		.32
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	71	126		1,862.77	14.78	. 444	26.24		6.56
RADIOLOGY	74	87		4,747.55	54.57	.306	64.16		16.72
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	9	13		463.91	35.69	.046	51.55		1.63
	27	37							7.82
OTHER SERVICES/ALL X-OVERS			Ċ	2,221.12	60.03	.130	82.26	Ċ	
@PHARMACY	166	354	\$	17,678.23	\$ 49.94	1.246		Ş	62.25
PRESCRIPTION DRUGS	162	326		15,866.89	48.67	1.148	97.94		55.87
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	162	326		15 , 866.89	48.67	1.148	97.94		55.87
MEDICAL SUPPLIES	12	28		1,811.34	64.69	.099	150.95		6.38
@DENTIST	17	83	\$	2,740.00	\$ 33.01	.292	\$ 161.18	\$	9.65
VISITS - DIAGNOSTIC	15	54		859.00	15.91	.190	57.27		3.02
ORAL SURGERY	3	4		215.00	53.75	.014	71.67		.76
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
	3	4		666.00					
ENDODONTICS	3	20			166.50	.014	222.00		2.35
RESTORATIVE DENTISTRY	/			970.00	48.50	.070	138.57		3.42
PROSTHETICS	1	1		30.00	30.00	.004	30.00		.11
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00				.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MO						AGE 6,274
MOP024	FEE-FOR-SERVICE		<u> </u>		DIOINI ION OIN	2001 111110 21	10 2001		03/14/05
MADERA COUNTY		ICES FOR MIA - N	0 800	_ Ψ∩Ψλτ					00/14/00
MADERA COUNTI	SUMMARI OF SERV	ICES FOR MIA - N	0 500	- IOIAL		MON	ת מינות א דווחו.	CE	
204 ELTOTRIES	HOEDO	INTER OF SERVICE		EADEMPTERIDES	ATTEDACE COST	MON			
284 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
	_	OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	5	13	Ş	310.34				Ş	
DIAGNOSTIC AND ANC. PROCED	4	4		181.79	45.45	.014	45.45		.64

EYE APPLIANCES	3	9	128.55	14.28	.032	42.85	.45
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.011	\$ 25.08	\$.18
VISITS	2	3	50.16	16.72	.011	25.08	.18
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 115.50	\$ 38.50	.011	\$ 38.50	\$.41
MEDICINE/INJECTIONS	3	3	115.50	38.50	.011	38.50	.41
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	198	641	\$ - ,	\$ 237.58	2.257	\$ 769.12	\$ 536.22
HOSP INPATIENT TOTAL	40	141	139,288.62	987.86	.496	3482.22	490.45
HSC HOSPITALS	25	73	100,280.33	1373.70	.257	4011.21	353.10
NON-HSC HOSPITAL TOTAL	15	68	39,008.29	573.65	.239	2600.55	137.35
ACCOMMODATIONS	15	68	19,274.43	283.45	.239	1284.96	67.87
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	68	19,274.43	283.45	.239	1284.96	67.87
ANCILLARIES	15	0	19,733.86	.00	.000	1315.59	69.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	169	500	12,997.80	26.00	1.761	76.91	45.77
MEDICAL	9	11	727.00	66.09	.039	80.78	2.56
SURGERY	8	14	354.41	25.32	.049	44.30	1.25
PATHOLOGY	93	241	2,986.99	12.39	.849	32.12	10.52
RADIOLOGY	33	41	3,091.20	75.40	.144	93.67	10.88
ROOM USE	59	93	3,735.23	40.16	.327	63.31	13.15

CROSSOVERS/ALL OTH OUTPINT	55	100	2,	102.97		21.03	.352	38.24	7.40
@COUNTY HOSPITAL TOTAL	1	15	\$	435.41	\$	29.03	.053	\$ 435.41	\$ 1.53
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	15		435.41		29.03	.053	435.41	1.53
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	1	1		6.28		6.28	.004	6.28	.02
PATHOLOGY	1	6		129.02		21.50	.021	129.02	.45
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	1	4		263.13		65.78	.014	263.13	.93
CROSSOVERS/ALL OTH OUTPINT	1	4		36.98		9.25	.014	36.98	.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF-PA	YMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC 2004	PAGE 6,275
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	MIA - NO	SOC - TOTAL						

----- MONTHLY AVERAGE -----284 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE \$ 242.57 770.82 \$ 534.69 @COMMUNITY HOSPITAL TOTAL 197 626 151,851.01 2.204 \$ 141 139,288.62 987.86 .496 3482.22 COMM HOSP INPATIENT TOTAL 40 73 1373.70 100,280.33 .257 4011.21 HSC HOSPITALS 353.10 2600.55 NON-HSC HOSPITALS TOTAL 15 39,008.29 573.65 .239 15 ACCOMMODATIONS 68 19,274.43 283.45 .239 1284.96 67.87 .00 .00 ADMINISTRATIVE DAYS 0 .00 .000 .00 0 0 .00 .00 TRANSITIONAL IP CARE .00 .000 19,274.43 ALL OTHER ACCOM 15 68 283.45 .239 1284.96 67.87 .00 ANCILLARIES 0 19,733.86 .000 1315.59 .00 .00 .00 .000 INPATIENT CROSSOVERS ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 25.90 COMM HOSP OUTPATIENT TOTAL 168 485 12,562.39 1.708 74.78 44.23 9 727.00 66.09 .039 80.78 MEDICAL 11 7 13 348.13 26.78 .046 49.73 SURGERY 1.23 .827 PATHOLOGY 235 2,857.97 12.16 31.06 10.06 93.67 41 75.40 .144 RADIOLOGY 3,091.20 10.88 58 89 3,472.10 39.01 .313 59.86 12.23 ROOM USE 96 2,065.99 .338 CROSSOVERS/ALL OTH OUTPINT 21.52 38.26 7.27 .00 \$.00 \$.00 .000 \$.00 @STATE HOSPITAL .00 MENTALLY ILL 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .000 .00 . 00 .00 \$.00 .000 \$.00 \$ @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .00 .00 .000 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .00 .000 .00 .00 .00 LEV B-TRANSITIONAL IP CARE .00 . 00 .000 .00 .00 .000 .00 LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD .00 \$.00 .000 \$.00 \$.00 .00 0 .00 ICF DDH 0 .00 .000 .00 ICF DD .00 .00 .000 .00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	74	210	\$	3,911.79	\$	18.63	.739	\$	52.86	\$	13.77
PATHOLOGY	74	208		3,792.79		18.23	.732		51.25		13.35
XO AND OTHERS	2	2		119.00		59.50	.007		59.50		.42
@ORGANIZED OUTPATIENT CLINIC	106	306	\$	43,649.69	\$	142.65	1.077	\$	411.79	\$	153.70
CLINIC	22	97		2,449.01		25.25	.342		111.32		8.62
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	87	209		41,200.68		197.13	.736		473.57		145.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH	H-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 6,276
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MADERA COUNTY	STIMMARY OF SERVICES FOR	$MT\Delta - N$	n snc -	$T \cap T \Delta T$.							

MADERA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

284 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	33	80 \$	3,063.23	\$ 38.29	.282 \$	92.83	\$ 10.79
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	47	646.06	13.75	.165	107.68	2.27
AMBULANCES/AIR TRANS	6	47	646.06	13.75	.165	107.68	2.27
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.074	105.00	7.76
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	11	115.67	10.52	.039	23.13	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	96.50	96.50	.004	96.50	.34
PROSTHETICS	1	1	96.50	96.50	.004	96.50	.34
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	307 \$	9,450.00	\$ 30.78	1.081 \$	9450.00	\$ 33.27
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

					MONT	THLY AVERAC	E
50 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	60	3 , 917 \$	248,171.38	\$ 63.36	78.340 \$		\$ 4963.43
@PHYSICIANS SERVICES	18	47 \$	1,533.23	\$ 32.62	.940 \$		\$ 30.66
OUTPATIENT VISITS	4	4	289.38	72.35	.080	72.35	5.79
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	289.38	72.35	.080	72.35	5.79
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	12	29	893.14	30.80	.580	74.43	17.86
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	12	29	893.14	30.80	.580	74.43	17.86
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	6.18	1.55	.080	6.18	.12
RADIOLOGY	6	7	272.09	38.87	.140	45.35	5.44
PSYCHIATRY	1	1	23.22	23.22	.020	23.22	.46
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	49.22	24.61	.040	24.61	.98
@PHARMACY	30	1 , 957 \$	41,940.79	\$ 21.43	39.140 \$		\$ 838.82
PRESCRIPTION DRUGS	28	263	41,520.08	157.87	5.260	1482.86	830.40
SNF/ICF	25	240	37,572.68	156.55	4.800	1502.91	751.45
OUTPATIENTS	4	23	3,947.40	171.63	.460	986.85	78.95
MEDICAL SUPPLIES	3	1 , 694	420.71	.25	33.880	140.24	8.41
@DENTIST	6	20 \$	423.00	\$ 21.15	.400 \$		\$ 8.46
VISITS - DIAGNOSTIC	5	16	282.00	17.63	.320	56.40	5.64
ORAL SURGERY	1	1	45.00	45.00	.020	45.00	.90
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	96.00	48.00	.040	96.00	1.92
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.020	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	C 2004	PAGE 6,278

MADERA COUNTY	SUMMARY OF SERVICES FOR	MIA - S	00 -	LTC	AID CODE		0.1T		~ =	
= 0					 	Mo			GE	
50 ELIGIBLES		' SERVICE		EXPENDITURES	RAGE COST					COST PER
		OF CARE			UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$		\$.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	13	230	\$	5,116.95	\$ 22.25	4.600	\$	393.61	\$	102.34
HOSP INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0 0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	13	230		5,116.95	22.25	4.600		393.61		102.34
MEDICAL	3	4		182.00	45.50	.080		60.67		3.64
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	5	24		221.88	9.25	.480		44.38		4.44
RADIOLOGY	3	4		134.65	33.66	.080		44.88		2.69
ROOM USE	1	2		69.89	34.95	.040		69.89		1.40
CROSSOVERS/ALL OTH OUTPINT	7	196		4,508.53	23.00	3.920		644.08		90.17
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	Ö		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	Ö		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
MEDICAL	0	Ö		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	Ö		.00	.00	.000		.00		.00
ROOM USE	0	Ö		.00	.00	.000		.00		.00
:= =:= = ==	-	•		• 0 0				• • • •		• • •

MADERA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

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50 ELIGIBLES	USERS	UNITS OF	SERVICE	EX	PENDITURES	AV	ERAGE COST			COST PER	-	COST PER
**		OR DAYS					R UNIT/DAY	PER ELIG	-	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13		230	\$	5,116.95	\$	22.25	4.600	\$	393.61	\$	102.34
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00	·	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	13		230		5,116.95		22.25	4.600		393.61		102.34
MEDICAL	3		4		182.00		45.50	.080		60.67		3.64
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	5		24		221.88		9.25	.480		44.38		4.44
RADIOLOGY	3		4		134.65		33.66	.080		44.88		2.69
ROOM USE	1		2		69.89		34.95	.040		69.89		1.40
CROSSOVERS/ALL OTH OUTPTNT	7		196		4,508.53		23.00	3.920		644.08		90.17
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	21	1	,018	\$	188,270.20	\$	184.94	20.360	\$	8965.25	\$	3765.40
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	2	135		73,267.86		542.72	2.700		36633.93		1465.36
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	883		115,002.34		130.24	17.660		6052.75		2300.05
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	15	\$	153.98	\$	10.27	.300	\$	25.66	\$	3.08
PATHOLOGY	6	15		153.98		10.27	.300		25.66		3.08
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7	30	\$	7,104.24	\$	236.81	.600	\$	1014.89	\$	142.08
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	30		7,104.24		236.81	.600		1014.89		142.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-0	OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 6,280
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	MIA - SO	C - LTC			AID CODE	53				

----- MONTHLY AVERAGE -----50 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 600 6.05 12.000 \$ 279.15 \$ 72.58 13 3,628.99 0 .00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 3,530.57 MEDICAL TRANSPORTATION 11 595 5.93 11.900 320.96 70.61 345.53 AMBULANCES/AIR TRANS 10 543 3,455.34 6.36 10.860 69.11 OTHER TRANS 1 52 75.23 1.45 1.040 75.23 1.50 .00 .00 .000 .00 .00 OTHER SERVICES ACUPUNCTURE 0 .00 .00 .000 .00 .00 .00 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING .000 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 12.48 6.24 OPTICIAN .040 12.48 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY 60.26 30.13 .040 60.26 1.21 25.68 PROSTHETIST/ORTHOTISTS 25.68 25.68 .020 .51 PROSTHETICS 25.68 25.68 .020 25.68 .51 .00 ORTHOTICS .00 .000 .00 .00 .00 .00 .00 PSYCHOLOGIST .000 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .00 .000 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .000 LOCAL EDUCATION AGENCIES .00 .00 .00 .00 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 0 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 .00 .000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,281 MOP024 FEE-FOR-SERVICE/DENTAL

MADERA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

MADERA COUNTY	SUMMARY OF SERV	/ICES FOR MIA - SOC	- PREGNANT	AID COD			
					MON		-
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2	5 \$	2,664.70	\$ 532.94	2.500 \$	1332.35	\$ 1332.35
@PHYSICIANS SERVICES	1	1 \$	53.79	\$ 53.79	.500 \$	53.79	\$ 26.90
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00		.000	.00	.00
INPATIENT VISITS	1	1	53.79		.500	53.79	26.90
HOSPITAL VISITS	1	_ 1	53.79		.500	53.79	26.90
CRITICAL CARE	0	0	.00		.000	.00	.00
SNF/ICF/TRANS IP CARE	Ō	0	.00		.000	.00	.00
OPHTHALMOLOGICAL SERVICES	Ō	0	.00		.000	.00	.00
EXAMINATIONS	0	0	.00		.000	.00	.00
SERVICES AND MATERIALS	0	0	.00		.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.000	.00	.00
PRINCIPAL SURGEON	0	0	.00		.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.000	.00	.00
OUTPATIENT SURGERY	0	0	.00		.000	.00	.00
PRINCIPAL SURGEON	0	0	.00		.000	.00	.00
	0	0	.00		.000	.00	.00
ASSISTANT SURGEON ANESTHESIOLOGIST	0	0	.00		.000	.00	.00
DIALYSIS	0	0	.00		.000	.00	.00
	0	0					
PATHOLOGY	0	0	.00		.000	.00	.00
RADIOLOGY	0	0	.00		.000	.00	.00
PSYCHIATRY	U	U	.00		.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00		.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.000	.00	.00
@PHARMACY	0	0 \$.00		.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	.00		.000	.00	.00
SNF/ICF	0	0	.00		.000	.00	.00
OUTPATIENTS	0	0	.00		.000	.00	.00
MEDICAL SUPPLIES	0	0	.00		.000	.00	.00
@DENTIST	0	0 \$.00		.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00		.000	.00	.00
ORAL SURGERY	0	0	.00		.000	.00	.00
DRUGS	0	0	.00		.000	.00	.00
ANESTHESIA	0	0	.00		.000	.00	.00
PERIODONTICS	0	0	.00		.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 6,282
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

MADERA COUNTY	SUMMARY OF SER	VICES FOR MIA - S	soc -	PREGNANT		AID CODE					
							M			GΕ	
02 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	7	.00	-	.00	.000	Т.	.00	-	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	Ö		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•	0	ب خ	.00	\$.00	.000	\$.00	\$.00
	. 0	0	ې د			.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	0	4	ې د	.00	\$ \$			\$		\$	
@TOTAL HOSPITAL	1	_	Ş	2,610.91	Þ	652.73	2.000	Þ	2610.91	\$	1305.46
HOSP INPATIENT TOTAL	1	4		2,610.91		652.73	2.000		2610.91		1305.46
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	4		2,610.91		652.73	2.000		2610.91		1305.46
ACCOMMODATIONS	1	4		1,071.00		267.75	2.000		1071.00		535.50
ADMINISTRATIVE DAYS	0	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		1,071.00		267.75	2.000		1071.00		535.50
ANCILLARIES	1	0		1,539.91		.00	.000		1539.91		769.96
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,283
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- PREGNANT	AID CODE	87		
							_

								M	ONT	HLY AVERA	GE	
02 ELIGIBLES	USERS	UNITS OF SEF	RVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF	CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1		4	\$	2,610.91	\$	652.73	2.000	\$	2610.91	\$	1305.46
COMM HOSP INPATIENT TOTAL	1		4		2,610.91		652.73	2.000		2610.91		1305.46
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1		4		2,610.91		652.73	2.000		2610.91		1305.46
ACCOMMODATIONS	1		4		1,071.00		267.75	2.000		1071.00		535.50
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		4		1,071.00		267.75	2.000		1071.00		535.50
ANCILLARIES	1		0		1,539.91		.00	.000		1539.91		769.96
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0			\$.00	Ś	.00		\$.00	Ś	.00
MENTALLY ILL	0		0	Τ	.00	Ψ	.00	.000	Τ.	.00	Τ.	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0			\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00	•	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	4 THRU DE	C 2004	PAGE 6,284
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- PREGNANT	AID CODE 87			

INIDERAL COCKII	DOINING OF DELC	VICED FOR HILL BOO	11(1101111111	1110 0000	0 /		
					MON	THLY AVERAG	GE
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,285 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MADERA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

					M	ONTHLY AVER	AGE	
52 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIC	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	62	3,922	\$ 250,836.08	\$ 63.96	75.423		\$	4823.77
@PHYSICIANS SERVICES	19	48	\$ 1,587.02	\$ 33.06	.923	\$ 83.53	\$	30.52
OUTPATIENT VISITS	4	4	289.38	72.35	.077	72.35		5.57
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	4	4	289.38	72.35	.077	72.35		5.57
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	13	30	946.93	31.56	.577	72.84		18.21
HOSPITAL VISITS	1	1	53.79	53.79	.019	53.79		1.03
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	12	29	893.14	30.80	.558	74.43		17.18
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	1	4	6.18	1.55	.077	6.18		.12
RADIOLOGY	6	7	272.09	38.87	.135	45.35		5.23
PSYCHIATRY	1	1	23.22	23.22	.019	23.22		.45
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	2	2	49.22	24.61	.038	24.61		.95
@PHARMACY	30	1 , 957	\$ 41,940.79	\$ 21.43	37.635	\$ 1398.03	\$	806.55
PRESCRIPTION DRUGS	28	263	41,520.08	157.87	5.058	1482.86		798.46
SNF/ICF	25	240	37 , 572.68	156.55	4.615	1502.91		722.55
OUTPATIENTS	4	23	3,947.40	171.63	.442	986.85		75.91
MEDICAL SUPPLIES	3	1,694	420.71	.25	32.577	140.24		8.09
@DENTIST	6	20	\$ 423.00	\$ 21.15	.385	\$ 70.50	\$	8.13
VISITS - DIAGNOSTIC	5	16	282.00	17.63	.308	56.40		5.42
ORAL SURGERY	1	1	45.00	45.00	.019	45.00		.87
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	96.00	48.00	.038	96.00	1.85
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.019	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU I	DEC 2004	PAGE 6,286
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES E	FOR MIA - SOC	- TOTAL				

----- MONTHLY AVERAGE -----52 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE .00 \$ @OPTOMETRIST 0 0 .00 .00 .000 \$.00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 \$.00 \$.00 .00 VISITS .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 .00 .000 \$.00 @PODIATRIST .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .00 .000 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 .00 .00 .00 @HOME HEALTH AGENCY .000 \$.00 NURSE ANESTHESIST .00 \$.00 .000 .00 .00 0 .00 .00 .000 .00 NURSE MIDWIFE .00 .00 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .000 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 7,727.86 @TOTAL HOSPITAL 234 33.03 4.500 551.99 148.61 2,610.91 652.73 .077 2610.91 50.21 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 2,610.91 NON-HSC HOSPITAL TOTAL 652.73 .077 2610.91 50.21 ACCOMMODATIONS 1,071.00 267.75 .077 1071.00 20.60 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 267.75 1,071.00 .077 1071.00 20.60 ALL OTHER ACCOM 1,539.91 .00 1539.91 ANCILLARIES .000 29.61 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 13 HOSP OUTPATIENT TOTAL 230 5,116.95 22.25 4.423 393.61 98.40 3 MEDICAL 4 182.00 45.50 .077 60.67 3.50 SURGERY .00 .00 .000 .00 .00 221.88 9.25 44.38 PATHOLOGY 24 .462 4.27 RADIOLOGY 4 134.65 33.66 .077 44.88 2.59 69.89 34.95 69.89 ROOM USE .038 196 4,508.53 23.00 3.769 644.08 86.70 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL 0 .00 .00 .000 \$.00 S . 00 .00 .00 .00 CO HOSPITAL INPATIENT TOTAL .000 .00 .00 .00 HSC HOSPITALS .000 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE 6,287
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

MADERA COUNTI	SUMMARI OF SER	VICES FOR MIA - 3	- SOC	IOIAL			3.4	~ > 7.5		с п	
50 71 707777									THLY AVERA	GE	
52 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY:	5	COST PER		COST PER
0.000,000,000,000,000,000,000,000,000,0	1.4	OR DAYS OF CAR		7 707 06		R UNIT/DAY		<u> </u>	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	234	\$	7,727.86	\$	33.03	4.500	Ş	551.99	Ş	148.61
COMM HOSP INPATIENT TOTAL	1	4		2,610.91		652.73	.077		2610.91		50.21
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	4		2,610.91		652.73	.077		2610.91		50.21
ACCOMMODATIONS	1	4		1,071.00		267.75	.077		1071.00		20.60
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		1,071.00		267.75	.077		1071.00		20.60
ANCILLARIES	1	0		1,539.91		.00	.000		1539.91		29.61
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	13	230		5,116.95		22.25	4.423		393.61		98.40
MEDICAL	3	4		182.00		45.50	.077		60.67		3.50
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	24		221.88		9.25	.462		44.38		4.27
RADIOLOGY	3	4		134.65		33.66	.077		44.88		2.59
ROOM USE	1	2		69.89		34.95	.038		69.89		1.34
CROSSOVERS/ALL OTH OUTPTNT	7	196		4,508.53		23.00	3.769		644.08		86.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	21	1,018	\$	188,270.20	\$	184.94	19.577	\$	8965.25	\$	3620.58
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	2	135		73,267.86		542.72	2.596		36633.93		1409.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	883		115,002.34		130.24	16.981		6052.75		2211.58
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	Ō	0	т	.00	-	.00	.000	7	.00	т.	.00
HEMODIALYSIS CENTER	n n	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	n	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Y	.00	~	.00	.000	~	.00	~	.00
HOOLITH DADED	O	O		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00	
@LABORATORY FACILITY	6	15	\$	153.98	\$	10.27	.288	\$	25.66	\$	2.96	
PATHOLOGY	6	15		153.98		10.27	.288		25.66		2.96	
XO AND OTHERS	0	0		.00		.00	.000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	7	30	\$	7,104.24	\$	236.81	.577	\$	1014.89	\$	136.62	
CLINIC	0	0		.00		.00	.000		.00		.00	
SURGICENTER	0	0		.00		.00	.000		.00		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	7	30		7,104.24		236.81	.577		1014.89		136.62	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	ES MONTH-C	F-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	PP	AGE 6,288	
MOP024	FEE-FOR-SERVICE/DEN	ITAL									03/14/05	
MADERA COUNTY	SUMMARY OF SERVICES	FOR MIA - SO	OC - TOTAI	ı								
]	INOM	HLY AVERAC	GE -		
52 ELIGIBLES	USERS UNI	TS OF SERVICE	EΣ	PENDITURES	AVE	RAGE COST	UNITS/DA	YS	COST PER	C	COST PER	
		R DAYS OF CARE				UNIT/DAY		_	USER	F	ELIGIBLE	
OATT OBUIDD DDOUTDDDG	1 0	C O O	Ċ	2 (20 00	~	C 0 F	11 [] (<u>~</u>	270 15	<u>~</u>	(0 70	

52 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	13	600 \$	3,628.99	\$ 6.05	11.538 \$	279.15	\$ 69.79
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	595	3,530.57	5.93	11.442	320.96	67.90
AMBULANCES/AIR TRANS	10	543	3,455.34	6.36	10.442	345.53	66.45
OTHER TRANS	1	52	75.23	1.45	1.000	75.23	1.45
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	12.48	6.24	.038	12.48	.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	60.26	30.13	.038	60.26	1.16
PROSTHETIST/ORTHOTISTS	1	1	25.68	25.68	.019	25.68	.49
PROSTHETICS	1	1	25.68	25.68	.019	25.68	.49
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,289
MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

							MO	NTHLY AVERA	AGE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Ε		PER	UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 6,290
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR FOR FUTURE	USE				
					MON'	THLY AVERAGE	Ξ

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER	.GE	COST PER
00 221012220	00210	OR DAYS OF CARE	2111 2113 1 1 01120		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000		.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES :	MONTH-OF-PAYMENT B	REPORT FOR JAN	N 2004 THRU	DEC 2004	PAGE	6,291
MOP024	FEE-FOR-SERVICE/DENTAL						03	/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	FOR FUTUR	E USE					
					M	ONTHLY AVERA	GE	

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF	F-PAYMENT RE	PORT E	FOR JAN 200)4 THRU	DEC	2004	PAGE	6 , 292
MOP024	FEE-FOR-SERVICE/DENTA									03	3/14/05
MADERA COUNTY	SUMMARY OF SERVICES F	OR FOR FUTU	JRE USE								

						TLI AVENAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

					MON	THLY AVERAG	GE
336 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	535 297 163	6,849 \$	552,090.36	\$ 80.61	20.384 \$	1031.94	\$ 1643.13
@PHYSICIANS SERVICES	297	1,282 \$	79,035.94	\$ 61.65	3.815 \$	266.11	\$ 235.23
OUTPATIENT VISITS	163	696	22,096.41	31.75	2.071	135.56	65.76
OFFICE VISITS	29	32	1,353.05	42.28	.095	46.66	4.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	25	27	1,877.85	69.55	.080	75.11	5.59
PREVENTIVE CARE	1	1	68.73	68.73	.003	68.73	.20
OB VISITS/COMPRE PERI	129	636	18,796.78	29.55	1.893	145.71	55.94
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	49	111	5,377.03	48.44	.330	109.74	16.00
HOSPITAL VISITS	35	65	2,737.73	42.12	.193	78.22	8.15
CRITICAL CARE	2	17	1,746.16	102.72	.051	873.08	5.20
SNF/ICF/TRANS IP CARE	12	29	893.14	30.80	.086	74.43	2.66
OPHTHALMOLOGICAL SERVICES	2	2	77.00	38.50	.006	38.50	.23
EXAMINATIONS	2	2	77.00	38.50	.006	38.50	.23
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	70	174	39,956.04	229.63	.518	570.80	118.92
PRINCIPAL SURGEON	52	67	35,287.46	526.68	.199	678.61	105.02
ASSISTANT SURGEON	10	10	1,865.00	186.50	.030	186.50	5.55
ANESTHESIOLOGIST	16	97	2,803.58	28.90	.289	175.22	8.34
OUTPATIENT SURGERY	15	22	1,883.40	85.61	.065	125.56	5.61
PRINCIPAL SURGEON	15	19	1,793.82	94.41	.057	119.59	5.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	3	89.58	29.86	.009	29.86	.27
DIALYSIS		0	.00	.00	.000	.00	.00
PATHOLOGY	0 72 80	130	1,868.95	14.38	.387	25.96	5.56
RADIOLOGY	80	94	5,019.64	53.40	.280	62.75	14.94
PSYCHIATRY	1	1	23.22	23.22	.003	23.22	.07
IMMUNIZATION AND INJECTION	9	13	463.91	35.69	.039	51.55	1.38
OTHER SERVICES/ALL X-OVERS	29	39	2,270.34	58.21	.116	78.29	6.76
@PHARMACY	196	2,311 \$	59,619.02	\$ 25.80	6.878 \$		\$ 177.44
PRESCRIPTION DRUGS	190	589	57,386.97	97.43	1.753	302.04	170.79
SNF/ICF	25	240	37,572.68	156.55	.714	1502.91	111.82
OUTPATIENTS	166	349	19,814.29	56.77	1.039	119.36	58.97
MEDICAL SUPPLIES	15	1,722	2,232.05	1.30	5.125	148.80	6.64
@DENTIST	15 23	103 \$	3,163.00	\$ 30.71	.307 \$		
VISITS - DIAGNOSTIC	20	70	1,141.00	16.30	.208	57.05	3.40
ORAL SURGERY	4	5	260.00	52.00	.015	65.00	.77
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	Ō	0	.00	.00	.000	.00	.00
ENDODONTICS	3	4	666.00	166.50	.012	222.00	1.98
RESTORATIVE DENTISTRY	8	22	1,066.00	48.45	.065	133.25	3.17
PROSTHETICS	1	1	30.00	30.00	.003	30.00	.09
DENTURES, STAYPLATES	Û	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	-	CES AND EXPENDITURES MO					PAGE 6,294
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FEE-FOR-SERVICE/DENTAL

03/14/05

MADERA COUNTI	SOMMANT OF SHIVE	CED FOR	пиртский	I INDIC	ENI ADOLIS	10	IVI					
										HLY AVERA	GE	
336 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5		13	\$	310.34	\$	23.87	.039	\$	62.07	\$.92
DIAGNOSTIC AND ANC. PROCED	4		4		181.79		45.45	.012		45.45		.54
EYE APPLIANCES	3		9		128.55		14.28	.027		42.85		.38
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	2		3	\$	50.16	\$	16.72	.009	\$	25.08	\$.15
VISITS	2		3		50.16		16.72	.009		25.08		.15
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	3		3	\$	115.50	\$	38.50	.009	\$	38.50	\$.34
MEDICINE/INJECTIONS	3		3		115.50		38.50	.009		38.50		.34
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0 :	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0 :	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0 :	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0 :	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	212		875	\$	160,014.28	\$	182.87	2.604	\$	754.78	\$	476.23
HOSP INPATIENT TOTAL	41		145		141,899.53		978.62	.432		3460.96		422.32
HSC HOSPITALS	25		73		100,280.33		1373.70	.217		4011.21		298.45
NON-HSC HOSPITAL TOTAL	16		72		41,619.20		578.04	.214		2601.20		123.87
ACCOMMODATIONS	16		72		20,345.43		282.58	.214		1271.59		60.55
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	16		72		20,345.43		282.58	.214		1271.59		60.55
ANCILLARIES	16		0		21,273.77		.00	.000		1329.61		63.31
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	182	730	18,114.75	24.81	2.173	99.53	53.91
MEDICAL	12	15	909.00	60.60	.045	75.75	2.71
SURGERY	8	14	354.41	25.32	.042	44.30	1.05
PATHOLOGY	98	265	3,208.87	12.11	.789	32.74	9.55
RADIOLOGY	36	45	3,225.85	71.69	.134	89.61	9.60
ROOM USE	60	95	3,805.12	40.05	.283	63.42	11.32
CROSSOVERS/ALL OTH OUTPINT	62	296	6,611.50	22.34	.881	106.64	19.68
@COUNTY HOSPITAL TOTAL	1	15 \$	435.41	\$ 29.03	.045	\$ 435.41	\$ 1.30
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	15	435.41	29.03	.045	435.41	1.30
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	6.28	6.28	.003	6.28	.02
PATHOLOGY	1	6	129.02	21.50	.018	129.02	.38
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	263.13	65.78	.012	263.13	.78
CROSSOVERS/ALL OTH OUTPTNT	1	4	36.98	9.25	.012	36.98	.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU D	EC 2004	PAGE 6,295
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	MEDICALLY	INDIGENT - ADULTS	- TOTAL			

MADERA COUNTI	DOMMANT OF DER	VICES FOR	пиртски	пт т	INDIGHNI	АРОПІО	IOIAI	_					
											HLY AVERA		
336 ELIGIBLES	USERS	UNITS OF	-		EXPEN	DITURES			UNITS/DA	-	COST PER	(COST PER
		OR DAYS						JNIT/DAY	PER ELI		USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	211		860	\$	159	,578.87		L85.56	2.560	\$	756.30	\$	474.94
COMM HOSP INPATIENT TOTAL	41		145		141	,899.53	9	978.62	.432		3460.96		422.32
HSC HOSPITALS	25		73		100	,280.33	13	373.70	.217		4011.21		298.45
NON-HSC HOSPITALS TOTAL	16		72		41	,619.20		578.04	.214		2601.20		123.87
ACCOMMODATIONS	16		72		20	,345.43	2	282.58	.214		1271.59		60.55
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	16		72		20	,345.43	2	282.58	.214		1271.59		60.55
ANCILLARIES	16		0		21	,273.77		.00	.000		1329.61		63.31
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	181		715		17	,679.34		24.73	2.128		97.68		52.62
MEDICAL	12		15			909.00		60.60	.045		75.75		2.71
SURGERY	7		13			348.13		26.78	.039		49.73		1.04
PATHOLOGY	97		259		3	,079.85		11.89	.771		31.75		9.17
RADIOLOGY	36		45		3	,225.85		71.69	.134		89.61		9.60
ROOM USE	59		91		3	,541.99		38.92	.271		60.03		10.54
CROSSOVERS/ALL OTH OUTPTNT	61		292		6	,574.52		22.52	.869		107.78		19.57
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0			.00		.00	.000		.00		.00
@NURSING FACILITY	21	1	1,018	\$	188	,270.20	\$ 1	L84.94	3.030	\$	8965.25	\$	560.33
LEV A-INTERMEDIATE	0		0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	2	135		73,267.86		542.72	.402		36633.93		218.06
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	883		115,002.34		130.24	2.628		6052.75		342.27
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	80	225	\$	4,065.77	\$	18.07	.670	\$	50.82	\$	12.10
PATHOLOGY	80	223		3,946.77		17.70	.664		49.33		11.75
XO AND OTHERS	2	2		119.00		59.50	.006		59.50		.35
@ORGANIZED OUTPATIENT CLINIC	113	336	\$	50,753.93	\$	151.05	1.000	\$	449.15	\$	151.05
CLINIC	22	97		2,449.01		25.25	.289		111.32		7.29
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	94	239		48,304.92		202.11	.711		513.88		143.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES	MONTH-OF-PAYMENT R	EPOR	r for jan	2004 THRU	DEC	2004	P.	AGE 6,296
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	MEDICA	ALLY	INDIGENT - ADULTS	- TO	ΓAL					

----- MONTHLY AVERAGE -----336 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 680 \$ 9.84 2.024 \$ 145.48 \$ 19.92 46 6,692.22 0 .00 .00 .00 DURABLE MED. EQUIP. 0 .000 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .00 HEARING AID DISPENSERS 0 .00 .000 .00 MEDICAL TRANSPORTATION 17 642 4,176.63 6.51 1.911 245.68 12.43 256.34 1.756 AMBULANCES/AIR TRANS 16 590 4,101.40 6.95 12.21 .155 OTHER TRANS 1 52 75.23 1.45 75.23 .22 .00 .00 .00 0 .000 .00 OTHER SERVICES ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 21 2,205.00 105.00 105.00 6.56 GENETIC DISEASE TESTING .063 .00 0 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 13 128.15 9.86 .039 21.36 OPTICIAN 0 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY 60.26 30.13 .006 60.26 .18 61.09 PROSTHETIST/ORTHOTISTS 122.18 61.09 .006 122.18 PROSTHETICS 61.09 .006 61.09 .36 .00 ORTHOTICS .00 .000 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .00 .00 .000 . 00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 RESPIRATORY CARE PRACT. 0 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .00 0 ALL OTHER PROVIDERS .00 .00 .000 .00 .914 \$ 9450.00 \$ @CALIF. CHILDREN SERVICES* 9,450.00 \$ 30.78 28.13

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

03/14/05

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@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,297 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL AGED MADERA COUNTY

SPACE MAINTAINERS

MADERA COUNTI	SUMMARI OF SER	VICES FOR ALL AGED			MON		CE
24,826 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON		COST PER
24,020 ELIGIBLES	USEKS		EXPENDITURES				
amomai ali ppomipppo	20,573	OR DAYS OF CARE	17 140 017 45	PER UNIT/DAY \$ 13.04	52.976 \$	USER	ELIGIBLE \$ 690.80
@TOTAL, ALL PROVIDERS	20 , 5/3	1,315,190 \$	17,149,817.45	•			
@PHYSICIANS SERVICES	4,185	12,168 \$	/		.490 \$		
OUTPATIENT VISITS	257	369	14,491.20	39.27	.015	56.39	.58
OFFICE VISITS	225	322	11,133.63	34.58	.013	49.48	.45
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	40	44	3,282.85	74.61	.002	82.07	.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	74.72	24.91	.000	37.36	.00
INPATIENT VISITS	83	291	10,974.54	37.71	.012	132.22	.44
HOSPITAL VISITS	28	185	7,206.02	38.95	.007	257.36	.29
CRITICAL CARE	4	9	906.30	100.70	.000	226.58	.04
SNF/ICF/TRANS IP CARE	58	97	2,862.22	29.51	.004	49.35	.12
OPHTHALMOLOGICAL SERVICES	130	134	2,861.10	21.35	.005	22.01	.12
EXAMINATIONS	130	134	2,861.10	21.35	.005	22.01	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	15	47	4,072.90	86.66	.002	271.53	.16
PRINCIPAL SURGEON	11	16	3,237.12	202.32	.001	294.28	.13
ASSISTANT SURGEON	1	1	101.08	101.08	.000	101.08	.00
ANESTHESIOLOGIST	5	30	734.70	24.49	.001	146.94	.03
OUTPATIENT SURGERY	59	124	22,748.30	183.45	.005	385.56	.92
PRINCIPAL SURGEON	47	56	20,731.31	370.20	.002	441.09	.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	16	68	2,016.99	29.66	.003	126.06	.08
DIALYSIS	1	2	144.32	72.16	.000	144.32	.01
PATHOLOGY	110	208	2,999.20	14.42	.008	27.27	.12
RADIOLOGY	139	245	6,303.08	25.73	.010	45.35	.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	16	56	8,052.98	143.80	.002	503.31	.32
OTHER SERVICES/ALL X-OVERS	3,751	10,692	157,390.94	14.72	.431	41.96	6.34
@PHARMACY	17,120	786,603 \$		\$ 7.22	31.685 \$		
PRESCRIPTION DRUGS	16,704	74,133	5,455,534.42	73.59	2.986	326.60	219.75
SNF/ICF	2,751	17,514	1,034,046.93	59.04	.705	375.88	41.65
OUTPATIENTS	14,020	56,619	4,421,487.49	78.09	2.281	315.37	178.10
MEDICAL SUPPLIES	2,668	712,470	222,297.06	.31	28.699	83.32	8.95
@DENTIST	1,084	4,553 \$	189,632.17		.183 \$		
VISITS - DIAGNOSTIC	703	2,830	29,371.75	10.38	.114	41.78	1.18
ORAL SURGERY	182	453	27,225.50	60.10	.018	149.59	1.10
DRUGS	1	3	45.00	15.00	.000	45.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.00
PERIODONTICS	125	129	11,941.00	92.57	.005	95.53	.48
ENDODONTICS	40	64	12,257.00	191.52	.003	306.43	.49
RESTORATIVE DENTISTRY	186	421	29,410.00	69.86	.017	158.12	1.18
PROSTHETICS	11	11	260.00	23.64	.000	23.64	.01
DENTURES, STAYPLATES	263	614	79,021.92	128.70	.025	300.46	3.18
DENIUNES, SIAIFLAIES	203	014	19,021.92	120.70	.023	200.40	3.10

.00 .00 .00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	18	27	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 6,298
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
MADERA COUNTY	SUMMARY OF SERVICE	S FOR ALL AGED					

MADERA COUNTY	SUMMARY OF SER	VICES FOR ALL AGE	D								
							MC			GE.	
24,826 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		5			COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	359	844	\$	16,502.79	\$	19.55	.034	\$	45.97	\$.66
DIAGNOSTIC AND ANC. PROCED	67	74		2,300.44		31.09	.003		34.33		.09
EYE APPLIANCES	220	593		10,240.34		17.27	.024		46.55		.41
OTHER OPTOMETRIC SERVICES	116	177		3,962.01		22.38	.007		34.16		.16
@CHIROPRACTOR	33	54	\$	726.97	\$	13.46	.002	\$	22.03	\$.03
VISITS	5	12		200.64		16.72	.000		40.13		.01
OTHER SERVICES	28	42		526.33		12.53	.002		18.80		.02
@PODIATRIST	471	597	\$	4,714.51	\$	7.90	.024	\$	10.01	\$.19
MEDICINE/INJECTIONS	7	7		211.50		30.21	.000		30.21		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	464	590		4,503.01		7.63	.024		9.70		.18
@HOME HEALTH AGENCY	11	41	Ś	2,711.91	\$.002	Ś		\$.11
NURSE ANESTHESIST	9	24	Ś		\$	10.19	.001		27.18	\$.01
NURSE MIDWIFE	0	0	Ś		\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•	0	Ś		\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	1	1	Ś		\$	40.00	.000	Ś		\$.00
@TOTAL HOSPITAL	1,594	5,936	¢	910,974.29			.239	Ċ	571.50		36.69
HOSP INPATIENT TOTAL	307	431	Y	759,369.73	Y	1761.88	.017	٧	2473.52	Y	30.59
HSC HOSPITALS	33	231		235,497.99		1019.47	.009		7136.30		9.49
NON-HSC HOSPITAL TOTAL	29	200		316,653.69		1583.27	.009		10919.09		12.75
	29	200		95,376.39		476.88	.008		3288.84		3.84
ACCOMMODATIONS ADMINISTRATIVE DAYS	29	200		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	29	200				476.88	.008				
ALL OTHER ACCOM	29	200		95,376.39					3288.84		3.84 8.91
ANCILLARIES				221,277.30		.00	.000		7630.25		
INPATIENT CROSSOVERS	246	0		207,218.05		.00	.000		842.35		8.35
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,356	5,505		151,604.56		27.54	.222		111.80		6.11
MEDICAL	45	69		3,642.64		52.79	.003		80.95		.15
SURGERY	22	26		4,316.86		166.03	.001		196.22		.17
PATHOLOGY	76	297		3,581.71		12.06	.012		47.13		.14
RADIOLOGY	87	122		12,751.94		104.52	.005		146.57		.51
ROOM USE	54	78		4,086.86		52.40	.003		75.68		.16
CROSSOVERS/ALL OTH OUTPTNT		4,913		123,224.55		25.08	.198		99.78		4.96
@COUNTY HOSPITAL TOTAL	13	51	\$	-	\$	130.60		\$	512.35	\$.27
CO HOSPITAL INPATIENT TOTAL		5		5,690.80		1138.16	.000		2845.40		.23
HSC HOSPITALS	1	5		5,109.94		1021.99	.000		5109.94		.21
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		580.86		.00	.000		580.86		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	12	46	969.6	9 21.08	.002	80.81	.04
MEDICAL	1	0	.0		.000	.00	.00
SURGERY	0	0	.0		.000	.00	.00
PATHOLOGY	1	0	.0		.000	.00	.00
RADIOLOGY	0	0	.0		.000	.00	.00
ROOM USE	1	0	.0		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	46	969.6		.002	88.15	.04
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES				EC 2004	PAGE 6,299
MOP024	FEE-FOR-SERVICE						03/14/05
MADERA COUNTY	SUMMARY OF SERV	VICES FOR ALL AGED					
					MO	NTHLY AVERA	GE
24,826 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE	S AVERAGE COST	UNITS/DAYS	COST PER	COST PER
,		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,583	5,885	904,313.8		.237	\$ 571.27	\$ 36.43
COMM HOSP INPATIENT TOTAL	305	426	753,678.9		.017	2471.08	30.36
HSC HOSPITALS	32	226	230,388.0	5 1019.42	.009	7199.63	9.28
NON-HSC HOSPITALS TOTAL	29	200	316,653.6	9 1583.27	.008	10919.09	12.75
ACCOMMODATIONS	29	200	95 , 376.3	9 476.88	.008	3288.84	3.84
ADMINISTRATIVE DAYS	0	0	.0	0 .00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.0	0 .00	.000	.00	.00
ALL OTHER ACCOM	29	200	95,376.3	9 476.88	.008	3288.84	3.84
ANCILLARIES	29	0	221,277.3	0 .00	.000	7630.25	8.91
INPATIENT CROSSOVERS	245	0	206,637.1	9 .00	.000	843.42	8.32
ALL OTHER INPATIENT	0	0	.0		.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,346	5 , 459	150,634.8	7 27.59	.220	111.91	6.07
MEDICAL	44	69	3,642.6		.003	82.79	.15
SURGERY	22	26	4,316.8		.001	196.22	.17
PATHOLOGY	75	297	3,581.7	1 12.06	.012	47.76	.14
RADIOLOGY	87	122	12 , 751.9	4 104.52	.005	146.57	.51
ROOM USE	53	78	4,086.8		.003	77.11	.16
CROSSOVERS/ALL OTH OUTPTNT	,	4,867	122,254.8		.196	99.72	4.92
@STATE HOSPITAL	12	366 \$	161,061.7	8 \$ 440.06	.015	\$ 13421.82	\$ 6.49

MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	12	366		161,061.78		440.06	.015		13421.82		6.49
@NURSING FACILITY	2,814	84 , 971	\$	8,963,621.09	\$	105.49	3.423	\$	3185.37	\$	361.06
LEV A-INTERMEDIATE	0	<u> </u>		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	÷ 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	9	0 0 298 0 84,673		131,854.81		442.47	.012		14650.53		5.31
LEV B-TRANSITIONAL IP CARE	0	2 3 0		.00		.00	.000		.00		.00
LEV B TRANSTITIONAL IF CARE	0 2 , 806	01 673		8,831,766.28		104.30	3.411		3147.46		355.75
	2,000	1 501	\$		ċ				5336.21	ċ	
@INTERMEDIATE CARE FACILDD	54	1,591	Ş	288,155.15				Ş		Ş	
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER	11	329		51,016.21		155.06	.013		4637.84		2.05
TCF, DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	43	1,262		237,138.94		187.91	.051		5514.86		9.55
@HEMODIALYSIS TOTAL	110	142	\$	53,541.37	\$				486.74	\$	2.16
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	110	0 142		53,541.37		377.05	.006		486.74		2.16
@REHABILITATION FACILITY	2	2	\$	127.31	\$	63.66	.000	\$	63.66	\$.01
HOSPITAL BASED	2	2		127.31		63.66	.000		63.66		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	125	512	Ś	5,199.88		10.16	.021	Ś		Ś	.21
HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	115	2 2 0 512 501	7	5,083.40	7	10.15	.020	т.	44.20	7	.20
	10	11		116 10		10 50	.000		11.65		.00
@ORGANIZED OUTPATIENT CLINIC	2 9 9 9	11 4,567	\$		Ċ	49.49	.184	ċ		Ċ	9.10
	2 , 099	4,507	Ą	220,000.45	Ą	49.49	.000	ې	.00	۲	.00
CLINIC	36	0 65		.00		.00					
SURGICENTER				4,210.18		64.77	.003		116.95		.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,866	4,502		221,798.27		49.27	.181		77.39		8.93
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	IRES M	IONTH-OF-PAYMENT F	REPORT	r for Jan	2004 THRU	DEC	: 2004	P/	AGE 6,300
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MOP024	FEE-FOR-SERVICE	E/DENTAL						220			03/14/05
MOP024 MADERA COUNTY	FEE-FOR-SERVICE										03/14/05
MADERA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	E/DENTAL					N	TNON	HLY AVERA		03/14/05
MADERA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	C/DENTAL VICES FOR ALL AG UNITS OF SERVIC	GED CE	EXPENDITURES				TNON	HLY AVERA	GE ·	03/14/05
MADERA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	Z/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR	GED CE RE	EXPENDITURES	AVI PEI	ERAGE COSI R UNIT/DAY	M UNITS/DAY	MONT YS	HLY AVERA COST PER USER	.GE - (03/14/05
MADERA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	C/DENTAL VICES FOR ALL AG UNITS OF SERVIC	GED CE RE		AVI PEI	ERAGE COST R UNIT/DAY 1.02	N UNITS/DAY PER ELIC 16.604	MONT YS	HLY AVERA COST PER USER 134.28	.GE - (03/14/05 COST PER
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EOUIP.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67	Z/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR	GED CE RE	EXPENDITURES	AVI PEI \$	ERAGE COSI R UNIT/DAY	M UNITS/DAY	MONT YS	HLY AVERA COST PER USER	.GE - (03/14/05 COST PER ELIGIBLE
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EOUIP.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67	Z/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00	N UNITS/DAY PER ELIC 16.604	MONT IS S \$	HLY AVERA COST PER USER 134.28	.GE - (03/14/05 COST PER ELIGIBLE 16.86
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EOUIP.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67	Z/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00	NO UNITS/DAY FER ELIGIBLE 16.604 .016 .000	MONT IS \$	CHLY AVERA COST PER USER 134.28 298.57	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EOUIP.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67	Z/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00	N UNITS/DAY PER ELIG 16.604 .016 .000	MONT IS \$ \$	CHLY AVERA COST PER USER 134.28 298.57 .00 433.37	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EOUIP.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67	Z/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61	AVI PEI \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00	N UNITS/DAY PER ELIG 16.604 .016 .000	MONT IS \$ \$	CHLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55 4.16
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EOUIP.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67	Z/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61	AVI PEI \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00	N UNITS/DAY PER ELIG 16.604 .016 .000	MONT IS \$ \$	PHLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80	.GE - (03/14/05
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EOUIP.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67	Z/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45	M UNITS/DAY PER ELIC 16.604 .016 .000 .005 1.399 .086 1.291	MONT IS \$ \$	PHLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70	.GE - (03/14/05
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EOUIP.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67 0 89 431 154 265 35	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32	AVI PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58	M UNITS/DAY PER ELIG 16.604 .016 .005 .005 1.399 .086 1.291	MONT (S \$ \$	HLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49	.GE - (03/14/05
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67 0 89 431 154 265 35	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32	AVI PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58 18.02	M UNITS/DAY PER ELIC 16.604 .016 .000 .005 1.399 .086 1.291 .022	MONT (S \$ \$	CHLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49 108.13	.GE - (03/14/05
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67 0 89 431 154 265 35 1	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32 108.13	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58 18.02 .00	M UNITS/DAY PER ELIC 16.604 .016 .000 .005 1.399 .086 1.291 .022 .000	MONT IS \$ \$	CHLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49 108.13 .00	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55 4.16 .97 3.16 .03 .00 .00
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67 0 89 431 154 265 35 1	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32 108.13	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58 18.02 .00	MOUNITS/DAY PER ELIC 16.604 .016 .000 .005 1.399 .086 1.291 .022 .000 .000	MONT IS \$ \$	CHLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49 108.13 .00	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55 4.16 .97 3.16 .03 .00 .00 .00 .00
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67 0 89 431 154 265 35 1	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544 6 0 0 1,226	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32 108.13 .00 .00 100,168.71	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58 18.02 .00 .00 81.70	MUNITS/DAY PER ELIC 16.604 .016 .000 .005 1.399 .086 1.291 .022 .000 .000 .000	MONT IS \$ \$	HLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49 108.13 .00 .00 361.62	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55 4.16 .97 3.16 .03 .00 .00 .00 .00 4.03
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67 0 89 431 154 265 35 1 0 0 277 0	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544 6 0 0 1,226 0	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32 108.13 .00 .00 100,168.71	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58 18.02 .00 .00 81.70 .00	MUNITS/DAY PER ELIC 16.604 .016 .000 .005 1.399 .086 1.291 .022 .000 .000 .000	MONT (S S \$	HLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49 108.13 .00 .00 361.62 .00	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55 4.16 .97 3.16 .03 .00 .00 .00 4.03 .00
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67 0 89 431 154 265 35 1 0 0 277 0 484	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544 6 0 0 1,226 0 1,132	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32 108.13 .00 .00 100,168.71 .00 13,559.22	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58 18.02 .00 .00 81.70 .00 11.98	MUNITS/DAY PER ELIC 16.604 .016 .000 .005 1.399 .086 1.291 .022 .000 .000 .000 .049 .000	MONT (S S \$	HLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49 108.13 .00 .00 361.62 .00 28.01	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55 4.16 .97 3.16 .03 .00 .00 .00 4.03 .00 .55
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67 0 89 431 154 265 35 1 0 0 277 0 484	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544 6 0 0 1,226 0 1,132 0	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32 108.13 .00 .00 100,168.71 .00 13,559.22 .00	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58 18.02 .00 .00 81.70 .00 11.98 .00	MUNITS/DAY PER ELIC 16.604 .016 .000 .005 1.399 .086 1.291 .022 .000 .000 .000 .049 .000 .046	MONT (S S \$	HLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49 108.13 .00 .00 361.62 .00 28.01 .00	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55 4.16 .97 3.16 .03 .00 .00 4.03 .00 .55 .00
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67 0 89 431 154 265 35 1 0 0 277 0 484 0 31	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544 6 0 0 1,226 0 1,132 0 60	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32 108.13 .00 .00 100,168.71 .00 13,559.22 .00 291.38	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58 18.02 .00 .00 81.70 .00 11.98 .00 4.86	MUNITS/DAY PER ELIC 16.604 .016 .000 .005 1.399 .086 1.291 .022 .000 .000 .000 .049 .000 .046 .000	MONT (S S \$	HLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49 108.13 .00 .00 361.62 .00 28.01 .00 9.40	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55 4.16 .97 3.16 .03 .00 .00 .00 4.03 .00 .00 55 .00 .01
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67 0 89 431 154 265 35 1 0 0 277 0 484 0 31	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544 6 0 0 1,226 0 1,132 0 60 18	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32 108.13 .00 .00 100,168.71 .00 13,559.22 .00 291.38 764.52	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58 18.02 .00 .00 81.70 .00 11.98 .00 4.86 42.47	NO CONTROL OF CO	MONT (S S \$	HLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49 108.13 .00 .00 361.62 .00 28.01 .00 9.40 69.50	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55 4.16 .97 3.16 .03 .00 .00 4.03 .00 .00 4.03 .00 .00 .00 4.03
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67 0 89 431 154 265 35 1 0 0 277 0 484 0 31 11	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544 6 0 0 1,226 0 1,132 0 60 18 18	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32 108.13 .00 .00 100,168.71 .00 13,559.22 .00 291.38 764.52 764.52	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58 18.02 .00 .00 81.70 .00 11.98 .00 4.86 42.47 42.47	NO CONTROL OF THE PROPERTY OF THE PROPER	MONT (S S \$	HLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49 108.13 .00 .00 361.62 .00 28.01 .00 9.40 69.50 69.50	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55 4.16 .97 3.16 .03 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67 0 89 431 154 265 35 1 0 0 277 0 484 0 31	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544 6 0 0 1,226 0 1,132 0 60 18	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32 108.13 .00 .00 100,168.71 .00 13,559.22 .00 291.38 764.52	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58 18.02 .00 .00 81.70 .00 11.98 .00 4.86 42.47 42.47	NO CONTROL OF CO	MONT (S S \$	HLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49 108.13 .00 .00 361.62 .00 28.01 .00 9.40 69.50	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55 4.16 .97 3.16 .03 .00 .00 4.03 .00 .00 4.03 .00 .00 .00 4.03
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67 0 89 431 154 265 35 1 0 0 277 0 484 0 31 11	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544 6 0 0 1,226 0 1,132 0 60 18 18	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32 108.13 .00 .00 100,168.71 .00 13,559.22 .00 291.38 764.52 764.52	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58 18.02 .00 .00 81.70 .00 11.98 .00 4.86 42.47 42.47	NO CONTROL OF THE PROPERTY OF THE PROPER	MONT (S S \$	HLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49 108.13 .00 .00 361.62 .00 28.01 .00 9.40 69.50 69.50	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55 4.16 .97 3.16 .03 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 3,118 67 0 89 431 154 265 35 1 0 0 277 0 484 0 31 11 11 11	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544 6 0 0 1,226 0 1,132 0 60 18 18	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32 108.13 .00 .00 100,168.71 .00 13,559.22 .00 291.38 764.52 764.52	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58 18.02 .00 .00 81.70 .00 11.98 .00 4.86 42.47 42.47	NO CONTROL OF THE PRINCIPLE OF THE	MONT (S S \$	HLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49 108.13 .00 .00 361.62 .00 28.01 .00 9.40 69.50 69.50 .00	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55 4.16 .97 3.16 .03 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,118 67 0 89 431 154 265 35 1 0 0 277 0 484 0 31 11 11 0 2	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544 6 0 0 1,226 0 1,132 0 60 18 18 18 0 2	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32 108.13 .00 .00 100,168.71 .00 13,559.22 .00 291.38 764.52 764.52 .00 100.37	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58 18.02 .00 .00 81.70 .00 11.98 .00 42.47 42.47 42.47 .00 50.19		MONT (S S \$	HLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49 108.13 .00 .00 361.62 .00 28.01 .00 9.40 69.50 69.50 .00 50.19	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55 4.16 .97 3.16 .03 .00 .00 .00 .00 4.03 .00 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 24,826 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,118 67 0 89 431 154 265 35 1 0 0 277 0 484 0 31 11 11 0 2 110	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 412,218 405 0 133 34,733 2,140 32,049 544 6 0 0 1,226 0 1,132 0 60 18 18 0 2 198	GED CE RE \$	EXPENDITURES 418,685.09 20,004.51 .00 38,570.14 103,364.61 24,146.87 78,360.42 857.32 108.13 .00 .00 100,168.71 .00 13,559.22 .00 291.38 764.52 764.52 .00 100.37 38,650.30	AVF PEF \$	ERAGE COST R UNIT/DAY 1.02 49.39 .00 290.00 2.98 11.28 2.45 1.58 18.02 .00 .00 81.70 .00 11.98 .00 42.47 42.47 42.47 .00 50.19 195.20	UNITS/DAY PER ELIC 16.604 .016 .000 .005 1.399 .086 1.291 .022 .000 .000 .000 .049 .000 .046 .000 .046 .000 .002 .001 .001 .000 .000	MONT (S S \$	HLY AVERA COST PER USER 134.28 298.57 .00 433.37 239.83 156.80 295.70 24.49 108.13 .00 .00 361.62 .00 28.01 .00 9.40 69.50 69.50 .00 50.19 351.37	.GE - (03/14/05 COST PER ELIGIBLE 16.86 .81 .00 1.55 4.16 .97 3.16 .03 .00 .00 .00 .00 .00 .00 .00 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,850	374 , 199	91,234.52	.24	15.073	49.32	3.67
@CALIF. CHILDREN SERVICES*	3	3	\$ 143.75	\$ 47.92	.000	\$ 47.92	\$.01
@XOVER EXCLUDING STATE HOSP**	7,295	87,308	\$ 1,117,252.15	\$ 12.80	3.517	\$ 153.15	\$ 45.00

0* Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,301 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY	SIIMMARY OF SER	VICES FOR ALL BLIN	D						03/14/03
PRIDERT COUNTY	DOINTING OF BEIN	VICED FOR THE DEFIN				MON	NTHLY AVERA	AGE	
1,317 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,134	100,866	\$	1,283,141.53	\$ 12.72	76.588	\$ 1131.52	\$	974.29
@PHYSICIANS SERVICES	412	1,732	\$	60,881.91	\$ 35.15	1.315	\$ 147.77	\$	46.23
OUTPATIENT VISITS	169	279		10,150.59	36.38	.212	60.06		7.71
OFFICE VISITS	113	164		4,568.62	27.86	.125	40.43		3.47
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	40	50			72.22	.038	90.28		2.74
PREVENTIVE CARE	0	0		.00 636.73	.00	.000	.00		.00
OB VISITS/COMPRE PERI	3	29		636.73	21.96	.022	212.24		.48
OTHER OUTPATIENT	26	36		1,334.12	37.06 43.22 45.07		51.31		
INPATIENT VISITS	38	275		11,885.21	43.22	.209	312.77		9.02
HOSPITAL VISITS	29	192		8 , 653.71	43.22 45.07	.146	298.40		6.57
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	9	83		3,231.50	38.93	.063	359.06 41.27		2.45
OPHTHALMOLOGICAL SERVICES	19	21		784.10	37.34	.016	41.27		.60
EXAMINATIONS	19	21		784.10	37.34	.016	41.27		.60
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	20	107		10,823.90	101.16	.081	541.20		8.22
PRINCIPAL SURGEON	15	30		8,113.13	270.44	.023	540.88		6.16
ASSISTANT SURGEON	2	2		561.03	280.52 28.66	.002	280.52		.43
ANESTHESIOLOGIST	8	75		2,149.74	28.66	.057	268.72		1.63
OUTPATIENT SURGERY	15	21		4,186.15	199.34	.016	279.08		3.18
PRINCIPAL SURGEON	13	14		3,923.61	280.26	.011	301.82		2.98
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	7		262.54	37.51	.005	131.27		.20
DIALYSIS	4	13		752.84	57.91 5.83	.010	188.21		.57
PATHOLOGY	33 00	136		792.24	5.83	.103	24.01		.60
RADIOLOGY	0 9	199		7,382.70	37.10	.151	82.95		
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	11	13		299.97	23.07	.010	27.27		.23
OTHER SERVICES/ALL X-OVERS	229	668		13,824.21	20.69	.507	60.37		10.50
@PHARMACY	951		\$	469,185.66	\$ 7.76	45.935		\$	
PRESCRIPTION DRUGS	920	4,198			105.10	3.188	479.59		335.02
SNF/ICF	48	276		23,362.47		.210	486.72		17.74
OUTPATIENTS	881	3,922		417,861.39	106.54 .50	2.978	474.30		317.28
MEDICAL SUPPLIES	245	56,298		27,961.80	.50	42.747	114.13		21.23
@DENTIST	84		\$	12,561.50		.316			9.54
VISITS - DIAGNOSTIC	64	292		3 , 105.50	10.64	.222	48.52		2.36
ORAL SURGERY	14	48		3,088.00	64.33	.036	220.57		2.34
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	2	2		200.00	100.00	.002	100.00		.15

PERIODONTICS	11	12	1,101.00	91.75	.009	100.09	. 8	34
ENDODONTICS	0	0	.00	.00	.000	.00	. 0) ()
RESTORATIVE DENTISTRY	14	34	2,360.00	69.41	.026	168.57	1.7	19
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.0)2
DENTURES, STAYPLATES	8	25	2,527.00	101.08	.019	315.88	1.9	3 2
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.0) ()
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.002	150.00	.1	11
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.0) ()
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.0) ()
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.0) ()
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DI	EC 2004	PAGE 6,	,302
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14	1/05
MADERA COUNTY	SUMMARY OF SERVICES F	OR ALL BLIND						
					MO1	NTHLY AVERAG	GE	
1,317 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE	£R.
	OD D	AVC OF CARE		DED INTER/DAY	Z DED ELTC	HODD	DITCIDI	C 172

									HLY AVERA		
1,317 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CAR			PE:	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	16	41	\$	957.43	\$	23.35	.031	\$	59.84	\$.73
DIAGNOSTIC AND ANC. PROCED	8	10		369.58		36.96	.008		46.20		.28
EYE APPLIANCES	11	29		570.94		19.69	.022		51.90		.43
OTHER OPTOMETRIC SERVICES	1	2		16.91		8.46	.002		16.91		.01
@CHIROPRACTOR	12	22	\$	367.84	\$	16.72	.017	\$	30.65	\$.28
VISITS	12	22		367.84		16.72	.017		30.65		.28
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	23	26	\$	328.33	\$	12.63	.020	\$	14.28	\$.25
MEDICINE/INJECTIONS	6	6		144.00		24.00	.005		24.00		.11
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	17	20		184.33		9.22	.015		10.84		.14
@HOME HEALTH AGENCY	9	183	\$	6,537.71	\$	35.73	.139	\$	726.41	\$	4.96
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	181	1,045	\$	343,115.18	\$	328.34	.793	\$	1895.66	\$	260.53
HOSP INPATIENT TOTAL	37	236		313,879.09		1330.00	.179		8483.22		238.33
HSC HOSPITALS	19	177		233,356.01		1318.40	.134		12281.90		177.19
NON-HSC HOSPITAL TOTAL	10	59		73,856.35		1251.80	.045		7385.64		56.08
ACCOMMODATIONS	10	59		19,173.02		324.97	.045		1917.30		14.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	59		19,173.02		324.97	.045		1917.30		14.56
ANCILLARIES	10	0		54,683.33		.00	.000		5468.33		41.52
INPATIENT CROSSOVERS	8	0		6,666.73		.00	.000		833.34		5.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	158	809		29,236.09		36.14	.614		185.04		22.20
MEDICAL	28	51		1,979.33		38.81	.039		70.69		1.50
SURGERY	12	14		2,071.31		147.95	.011		172.61		1.57
PATHOLOGY	40	241		3,171.25		13.16	.183		79.28		2.41
RADIOLOGY	44	70		7,940.53		113.44	.053		180.47		6.03
ROOM USE	60	108		4,445.00		41.16	.082		74.08		3.38
CROSSOVERS/ALL OTH OUTPINT	95	325		9,628.67		29.63	.247		101.35		7.31
@COUNTY HOSPITAL TOTAL	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	'	.00	'	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	•	ŭ		.00		• • •					• • • •

		0		0.0	0.0	0.00	0.0		0.0
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00		.00		.00
	0	0							
MEDICAL	•			.00	.00		.00		.00
SURGERY	0	0		.00	.00		.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S MON					1	PAGE 6,303
MOP024	FEE-FOR-SERVICE		0 1101	VIII OI IIIIIIIVI IX	101(1 101(011	. 2001 111110	DEC 2001		03/14/05
MADERA COUNTY		ICES FOR ALL BLIN	D						03/14/03
MADERA COUNTI	SUMMARI OF SERV	LICES FOR ALL BLIN	ט						
1 015							ONTHLY AVERA	4GE	
1,317 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE CO				COST PER
		OR DAYS OF CARE				AY PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	181	1,045	\$	343 , 115.18	\$ 328.34		\$ 1895.66	\$	260.53
COMM HOSP INPATIENT TOTAL	37	236		313,879.09	1330.00	.179	8483.22		238.33
HSC HOSPITALS	19	177		233,356.01	1318.40		12281.90		177.19
NON-HSC HOSPITALS TOTAL	10	59		73,856.35	1251.80		7385.64		56.08
ACCOMMODATIONS	10	59		19,173.02	324.97		1917.30		14.56
	0	0		•					
ADMINISTRATIVE DAYS				.00	.00		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00		.00		.00
ALL OTHER ACCOM	10	59		19,173.02	324.97		1917.30		14.56
ANCILLARIES	10	0		54 , 683.33	.00	.000	5468.33		41.52
INPATIENT CROSSOVERS	8	0		6 , 666.73	.00	.000	833.34		5.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	158	809		29,236.09	36.14		185.04		22.20
MEDICAL	28	51		1,979.33	38.81		70.69		1.50
SURGERY	12	14		2,071.31	147.95		172.61		1.57
	40	241		3,171.25	13.16		79.28		2.41
PATHOLOGY									
RADIOLOGY	44	70		7,940.53	113.44		180.47		6.03
ROOM USE	60	108		4,445.00	41.16		74.08		3.38
CROSSOVERS/ALL OTH OUTPTNT		325		9,628.67	29.63		101.35		7.31
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	32	998	\$		\$ 212.61	.758	\$ 6630.67	Ś	161.11
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING		146		50,315.67	344.63		8385.95		38.20
	0								
LEV B-SUBACUTE HSPTL BASED	4	130		67,524.32	519.42		16881.08		51.27
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	22	722		94 , 341.47	130.67	.548	4288.25		71.63
@INTERMEDIATE CARE FACILDD	8	262	\$	44,683.61	\$ 170.55	.199	\$ 5585.45	\$	33.93
ICF DDH	8	262		44,683.61	170.55	.199	5585.45		33.93
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	79		\$	39,116.76	\$ 203.73	.146			29.70
-	0	0	~	.00	.00	.000	.00	Y	.00
HOSPITAL BASED									
HEMODIALYSIS CENTER	79	192		39,116.76	203.73	.146	495.15		29.70
@REHABILITATION FACILITY	3		\$	174.08	\$ 19.34	.007		Ş	.13
HOSPITAL BASED	1	1		97.29	97.29	.001	97.29		.07

INDEPENDENT FACILITY	2	8		76.79		9.60	.006	38.40)	.06
@LABORATORY FACILITY	81	376	\$	3,903.73	\$	10.38	.285	\$ 48.19	\$	2.96
PATHOLOGY	80	370		3,892.77		10.52	.281	48.66)	2.96
XO AND OTHERS	1	6		10.96		1.83	.005	10.96)	.01
@ORGANIZED OUTPATIENT CLINIC	228	391	\$	35,461.29	\$	90.69	.297	\$ 155.53	\$	26.93
CLINIC	1	5		510.66		102.13	.004	510.66)	.39
SURGICENTER	4	11		424.75		38.61	.008	106.19)	.32
HEROIN DETOX CLINIC	1	6		87.60		14.60	.005	87.60)	.07
RURAL HEALTH CLINIC	224	369		34,438.28		93.33	.280	153.74		26.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU I	DEC 2004	I	PAGE 6,304
MOP024	FEE-FOR-SERVICE	C/DENTAL								03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR ALL BI	IND							
							MC	ONTHLY AVEF	RAGE	
1,317 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CAR	Œ				PER ELIG			ELIGIBLE
@ALL OTHER PROVIDERS	239	34 , 677	\$	53,685.04			26.330			
DURABLE MED. EQUIP.	15	27		5,902.84		218.62	.021	393.52		4.48
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		125.14		.00	.000	.00		.10
MEDICAL TRANSPORTATION	75	5,488		25,715.39			4.167	342.87		19.53
AMBULANCES/AIR TRANS	28	586		5,736.31			.445	204.87		4.36
OTHER TRANS	46	4,881		19,943.30			3.706	433.55		15.14
OTHER SERVICES	1	21		35.78		1.70	.016	35.78		.03
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	18	47		5,599.06		119.13	.036	311.06		4.25
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	35	83		1,449.42		17.46	.063	41.41		1.10
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	2		404.37		202.19	.002	.00)	.31

PROSTHETICS	0	2	404.37	202.19	.002	.00	.31
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	166.69	41.67	.003	83.35	.13
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	19	1,704	8,064.96	4.73	1.294	424.47	6.12
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	101	27,322	6,257.17	.23	20.746	61.95	4.75
@CALIF. CHILDREN SERVICES*	38	1,946	\$ 120,882.42	\$ 62.12	1.478	\$ 3181.12	\$ 91.79
@XOVER EXCLUDING STATE HOSP**	263	1,411	\$ 65,934.24	\$ 46.73	1.071	\$ 250.70	\$ 50.06

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,305 FEE-FOR-SERVICE/DENTAL

03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

MADERA COUNTI	SOMMANI OF SEN	VICES FOR ALL DISABL	עמם			MO	NTHLY AVERA	CE	
AE OOO BITCIDIEC	HOEDO	INTER OF CEDITOR		EXPENDIMIDEO	AVERAGE COST			-	
45,802 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES					COST PER
	20 506			24 257 472 00	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	39,586	2,864,100 \$		34,257,472.00	\$ 11.96	62.532			747.95
@PHYSICIANS SERVICES	12,697	59,538 \$			\$ 33.00	1.300		\$	42.89
OUTPATIENT VISITS	6,073	9,751		365,117.12	37.44	.213	60.12		7.97
OFFICE VISITS	4,292	6,602		199,587.31	30.23		46.50		4.36
HOME VISITS	45	75		2,815.98	37.55		62.58		.06
EMERGENCY ROOM	1,393	1,896		120,907.91	63.77	.041	86.80		2.64
PREVENTIVE CARE	13	13		570.58	43.89	.000	43.89		.01
OB VISITS/COMPRE PERI	28	182		5,202.62	28.59	.004	185.81		.11
OTHER OUTPATIENT	735	983		36,032.72	36.66	.021	49.02		.79
INPATIENT VISITS	996	5 , 555		316,011.97	56.89	.121	317.28		6.90
HOSPITAL VISITS	747	4,487		208,340.61	46.43	.098	278.90		4.55
CRITICAL CARE	95	609		92 , 274.61	151.52	.013	971.31		2.01
SNF/ICF/TRANS IP CARE	237	459		15,396.75	33.54	.010	64.97		.34
OPHTHALMOLOGICAL SERVICES	374	441		16,565.95	37.56	.010	44.29		.36
EXAMINATIONS	372	439		16,510.66	37.61	.010	44.38		.36
SERVICES AND MATERIALS	2	2		55.29	27.65	.000	27.65		.00
INPATIENT HOSPITAL SURGERY	348	2,033		187,768.42	92.36	.044	539.56		4.10
PRINCIPAL SURGEON	263	425		151,449.51	356.35	.009	575.85		3.31
ASSISTANT SURGEON	26	28		5,581.39	199.34	.001	214.67		.12
ANESTHESIOLOGIST	112	1,580		30,737.52	19.45	.034	274.44		.67
OUTPATIENT SURGERY	723	1,892		151,536.46	80.09	.041	209.59		3.31
PRINCIPAL SURGEON	596	734		130,387.04	177.64	.016	218.77		2.85
ASSISTANT SURGEON	9	18		946.90	52.61	.000	105.21		.02
ANESTHESIOLOGIST	158	1,140		20,202.52	17.72	.025	127.86		.44
DIALYSIS	79	385		22,633.75	58.79	.008	286.50		.49
PATHOLOGY	1,435	3,641		46,669.17	12.82	.079	32.52		1.02
RADIOLOGY	2,721	5,708		195,475.29	34.25	.125	71.84		4.27
PSYCHIATRY	3	3		189.90	63.30	.000	63.30		.00
IMMUNIZATION AND INJECTION	429	10,600		314,501.04	29.67	.231	733.10		6.87
OTHER SERVICES/ALL X-OVERS	5,821	19,529		348,133.44	17.83	.426	59.81		7.60
@PHARMACY	31,589	•		13,971,699.98		30.306		Ś	305.05
PRESCRIPTION DRUGS	30,801	144,745		13,309,316.90	91.95	3.160	432.11	т	290.58
SNF/ICF	1,207	8,114		713,700.70	87.96	.177	591.30		15.58
OUTPATIENTS	29,731	136,631		12,595,616.20	92.19		423.65		275.00
-	=3/.0=	==0/00=		,,,	32.13	=.,,,,	0.00		

MEDICAL SUPPLIES	5 , 075	1,243,344		662,383.08	.53	27.146	130.52		14.46
@DENTIST	2,794	13,995	\$	439,154.20	\$ 31.38	.306	\$ 157.18	\$	9.59
VISITS - DIAGNOSTIC	1,976	9 , 539		102,977.73	10.80	.208	52.11		2.25
ORAL SURGERY	414	1,107		68,145.01	61.56	.024	164.60		1.49
DRUGS	27	61		1,015.00	16.64	.001	37.59		.02
ANESTHESIA	19	19		1,800.00	94.74	.000	94.74		.04
PERIODONTICS	368	386		35,617.50	92.27	.008	96.79		.78
ENDODONTICS	151	225		45,462.00	202.05	.005	301.07		.99
RESTORATIVE DENTISTRY	707	1,685		103,481.55	61.41	.037	146.37		2.26
PROSTHETICS	45	47		1,200.00	25.53	.001	26.67		.03
DENTURES, STAYPLATES	291	790		73 , 921.51	93.57	.017	254.03		1.61
SPACE MAINTAINERS	3	5		222.00	44.40	.000	74.00		.00
MAXILLOFACIAL SERVICES	23	25		2,831.90	113.28	.001	123.13		.06
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	17	24		2,165.00	90.21	.001	127.35		.05
ALL OTHER SERVICES	58	82		315.00	3.84	.002	5.43		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MON	TH-OF-PAYMENT RE	PORT FOR JA	N 2004 THRU	DEC 2004	PAG	E 6,306
MOP024	FEE-FOR-SERVICE/DE	NTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	S FOR ALL DIS	ABLED						
						l	MONTHLY AVERA	4GE	

						M	ONTHLY AVERA	4GE	
45,802 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	758	1,930	\$	43,241.99	\$ 22.41	.042	\$ 57.05	\$.94
DIAGNOSTIC AND ANC. PROCED	416	475		17,952.60	37.79	.010	43.16		.39
EYE APPLIANCES	517	1,356		22,221.45	16.39	.030	42.98		.49
OTHER OPTOMETRIC SERVICES	68	99		3,067.94	30.99	.002	45.12		.07
@CHIROPRACTOR	277	398	\$	6,556.67	\$ 16.47	.009	\$ 23.67	\$.14
VISITS	255	368		6,148.78	16.71	.008	24.11		.13
OTHER SERVICES	22	30		407.89	13.60	.001	18.54		.01
@PODIATRIST	493	644	\$	12,110.37	\$ 18.80	.014	\$ 24.56	\$.26
MEDICINE/INJECTIONS	230	259		7,399.49	28.57	.006	32.17		.16
SURGERY/ANES.	6	6		912.95	152.16	.000	152.16		.02
RADIO./PATHOLOGY	5	5		86.50	17.30	.000	17.30		.00
OTHER	259	374		3,711.43	9.92	.008	14.33		.08
@HOME HEALTH AGENCY	239	12,069	\$	403,036.11	\$ 33.39	.264	\$ 1686.34	\$	8.80
NURSE ANESTHESIST	38	494	\$	5,995.79	\$ 12.14	.011	\$ 157.78	\$.13
NURSE MIDWIFE	0	0	\$.00	\$.00	.000			.00
PEDIATRIC NURSE PRACTITIONER	1	3 8	\$	33.24	\$ 11.08	.000	\$ 33.24	\$.00
FAMILY NURSE PRACTITIONER	8	8	\$	231.60	\$ 28.95	.000	\$ 28.95	\$.01
@TOTAL HOSPITAL	6 , 797	40,975	\$	7,931,694.86	\$ 193.57	.895	\$ 1166.94	\$	173.17
HOSP INPATIENT TOTAL	797	4,285		6,698,475.05	1563.24	.094	8404.61		146.25
HSC HOSPITALS	381	2,930		4,270,873.56	1457.64	.064	11209.64		93.25
NON-HSC HOSPITAL TOTAL	204	1,355		2,226,301.33	1643.03	.030	10913.24		48.61
ACCOMMODATIONS	204	1,355		658,306.43	485.84	.030	3226.99		14.37
ADMINISTRATIVE DAYS	1	3		693.90	231.30	.000	693.90		.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	203	1,352		657,612.53	486.40	.030	3239.47		14.36
ANCILLARIES	204	0		1,567,994.90	.00	.000	7686.25		34.23
INPATIENT CROSSOVERS	227	0		201,300.16	.00	.000	886.78		4.40
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	6 , 287	36,690		1,233,219.81	33.61	.801	196.15		26.93
MEDICAL	1,456	3,443		196,551.23	57.09	.075	134.99		4.29
SURGERY	464	558		45,732.21	81.96	.012	98.56		1.00
PATHOLOGY	2,047	10,417		124,334.71	11.94	.227	60.74		2.71
RADIOLOGY	1,717	2,694		238,470.35	88.52	.059	138.89		5.21
ROOM USE	2,563	4,013		167,282.47	41.69	.088	65.27		3.65

CROSSOVERS/ALL OTH OUTPTNT	3,299	15,565	460,848.84	4	29.61	.340	139.69	1	.0.06
@COUNTY HOSPITAL TOTAL	37	123	\$ 24,631.21	1 \$	200.25	.003	\$ 665.71	\$.54
CO HOSPITAL INPATIENT TOTAL	4	24	22,151.01	1	922.96	.001	5537.75		.48
HSC HOSPITALS	1	3	3,300.00		100.00	.000	3300.00		.07
NON-HSC HOSPITALS TOTAL	2	21	18,851.01		897.67	.000	6283.67		.41
	3								
ACCOMMODATIONS	3	21	10,141.20		482.91	.000	3380.40		.22
ADMINISTRATIVE DAYS	0	0	.00)	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00)	.00	.000	.00		.00
ALL OTHER ACCOM	3	21	10,141.20)	482.91	.000	3380.40		.22
ANCILLARIES	3	0	8,709.81	1	.00	.000	2903.27		.19
INPATIENT CROSSOVERS	0	0	.00	C	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	C	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	33	99	2,480.20)	25.05	.002	75.16		.05
MEDICAL	19	30	991.76	6	33.06	.001	52.20		.02
SURGERY	0	0	.00	C	.00	.000	.00		.00
PATHOLOGY	2	17	116.49	9	6.85	.000	58.25		.00
RADIOLOGY	4	6	156.74	4	26.12	.000	39.19		.00
ROOM USE	22	24	896.53	3	37.36	.001	40.75		.02
CROSSOVERS/ALL OTH OUTPINT	12	22	318.68	3	14.49	.000	26.56		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-OF-PAYMENT	REPORT	FOR JAN 200	4 THRU	DEC 2004	PAGE	6,307
MOP024	FEE-FOR-SERVICE/DENTAL							0.3	3/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	. ALL DISA	BLED						
						M	ONTHLY AVERA	GE	
								-	

						====== M	ONITLI AVERA	GE
45,802 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITUR	ES AV	ERAGE COST	UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6 , 770	40,852 \$	7,907,063.	65 \$.892	\$ 1167.96	\$ 172.64
COMM HOSP INPATIENT TOTAL	795	4,261	6,676,324.	04	1566.84	.093	8397.89	145.76
HSC HOSPITALS	380	2,927	4,267,573.	56	1458.00	.064	11230.46	93.17
NON-HSC HOSPITALS TOTAL	202	1,334	2,207,450.	32	1654.76	.029	10927.97	48.20
ACCOMMODATIONS	202	1,334	648,165.	23	485.88	.029	3208.74	14.15
ADMINISTRATIVE DAYS	1	3	693.	90	231.30	.000	693.90	.02
TRANSITIONAL IP CARE	0	0		00	.00	.000	.00	.00
ALL OTHER ACCOM	201	1,331	647,471.	33	486.45	.029	3221.25	14.14
ANCILLARIES	202	0	1,559,285.	09	.00	.000	7719.23	34.04
INPATIENT CROSSOVERS	227	0	201,300.	16	.00	.000	886.78	4.40
ALL OTHER INPATIENT	0	0		00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6 , 262	36 , 591	1,230,739.	61	33.64	.799	196.54	26.87
MEDICAL	1,439	3,413	195,559.	47	57.30	.075	135.90	4.27
SURGERY	464	558	45,732.	21	81.96	.012	98.56	1.00
PATHOLOGY	2,045	10,400	124,218.	22	11.94	.227	60.74	2.71
RADIOLOGY	1,713	2,688	238,313.	61	88.66	.059	139.12	5.20
ROOM USE	2,547	3,989	166,385.	94	41.71	.087	65.33	3.63
CROSSOVERS/ALL OTH OUTPTNT	3,287	15,543	460,530.	16	29.63	.339	140.11	10.05
@STATE HOSPITAL	0	0 \$		00 \$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		00	.00	.000	.00	.00
@NURSING FACILITY	616	17,106 \$	2,441,689.	84 \$	142.74	.373	\$ 3963.78	\$ 53.31
LEV A-INTERMEDIATE	0	0		00	.00	.000	.00	.00
LEV B-REHAB MD	49	1,530	187,824.	40	122.76	.033	3833.15	4.10
LEV B-SUBACUTE FREESTANDING	11	328	105,654.	42	322.12	.007	9604.95	2.31
LEV B-SUBACUTE HSPTL BASED	11	516	266,879.	20	517.21	.011	24261.75	5.83
LEV B-TRANSITIONAL IP CARE	0	0		00	.00	.000	.00	.00
LEV B-REGULAR	548	14,732	1,881,331.	82	127.70	.322	3433.09	41.08
@INTERMEDIATE CARE FACILDD	559	17,325 \$	3,398,947.	63 \$	196.19	.378	\$ 6080.41	\$ 74.21
ICF DDH	64	1,922	307,967.		160.23	.042	4811.99	6.72
ICF DD	0	0		00	.00	.000	.00	.00

ICF DDN/DDCN	495	15,403		3,090,980.35		200.67	.336		6244.40		67.49
@HEMODIALYSIS TOTAL	422	3,673	\$	332,031.41	\$	90.40	.080	\$	786.80	\$	7.25
HOSPITAL BASED	2	4		9,889.83		2472.46	.000		4944.92		.22
HEMODIALYSIS CENTER	420	3,669		322,141.58		87.80	.080		767.00		7.03
@REHABILITATION FACILITY	143	536	\$	17,203.67	\$	32.10	.012	\$	120.31	\$.38
HOSPITAL BASED	137	510		16,812.52		32.97	.011		122.72		.37
INDEPENDENT FACILITY	6	26		391.15		15.04	.001		65.19		.01
@LABORATORY FACILITY	2,645	12,248	\$	128,757.44	\$	10.51	.267	\$	48.68	\$	2.81
PATHOLOGY	2 , 629	12,214		128,408.51		10.51	.267		48.84		2.80
XO AND OTHERS	16	34		348.93		10.26	.001		21.81		.01
@ORGANIZED OUTPATIENT CLINIC	9 , 771	16,793	\$	1,853,058.47	\$	110.35	.367	\$	189.65	\$	40.46
CLINIC	71	236		5,773.82		24.47	.005		81.32		.13
SURGICENTER	208	839		29,798.51		35.52	.018		143.26		.65
HEROIN DETOX CLINIC	13	139		1,555.52		11.19	.003		119.66		.03
RURAL HEALTH CLINIC	9 , 574	15 , 579		1,815,930.62		116.56	.340		189.67		39.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES :	MONTH-OF-PAYMENT	REPOR'	r for jan	2004 THRU	DEC	2004	P	AGE 6,308
MOP024	FEE-FOR-SERVICE/DEN	TAL									03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR ALL DI	SABL	ED							

AVERAGE COST UNITS/DAYS COST PER 45,802 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 6,501 1,278,276 1,307,426.22 1.02 27.909 \$ 201.11 \$ 28.55 2,150 416.48 DURABLE MED. EQUIP. 684 284,871.67 132.50 .047 .00 BLOOD BANK 0 .00 .00 .000 .00 HEARING AID DISPENSERS 36 58 18,320.12 315.86 .001 508.89 .40 50,512 266.72 MEDICAL TRANSPORTATION 1,054 281,123.52 5.57 1.103 155,441.30 11.13 190.73 AMBULANCES/AIR TRANS 815 13,964 .305 231 112,508.21 3.12 487.05 OTHER TRANS 36,088 .788 OTHER SERVICES 55 460 13,174.01 28.64 .010 239.53 ACUPUNCTURE 13 27 459.56 17.02 .001 35.35 .01 935.74 ADULT DAY HEALTH CARE CTR 102 1,377 95,445.91 69.31 .030 2.08 GENETIC DISEASE TESTING 3 315.00 105.00 .000 105.00 IHMC, MODEL-NF, NF, AIDS, MSSP 624 36,081.26 57.82 .014 414.73 .79 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 27,725.46 1,005 2,339 11.85 .051 27.59 OPTICIAN PHYSICAL THERAPIST 0 .00 .00 .000 .00 0 .00 PORTABLE X-RAY 24 57 870.89 15.28 .001 36.29 .02 468.45 88 41,223.78 120.54 PROSTHETIST/ORTHOTISTS 342 .007 341 41,184.95 120.78 473.39 PROSTHETICS .007 .90 38.83 ORTHOTICS 1 1 .000 38.83 38.83 .00 38 PSYCHOLOGIST 11 1,878.99 .001 170.82 189 579 40,800.93 70.47 .013 215.88 SPEECH AND AUDIOLOGY .89 HOSPICE SERVICES 6 194 24,212.68 124.81 .004 4035.45 .53 0 .00 .000 NONINST BIRTHING CENTERS .00 LOCAL EDUCATION AGENCIES 1,021 50,912 209,567.03 4.12 1.112 205.26 1,135 EPSDT SUPPLEMENTAL SERVICE 6 28,284.20 24.92 .025 4714.03 .62 .00 .00 .000 RESPIRATORY CARE PRACT. .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .000 .00 .00 ALL OTHER PROVIDERS 2,728 1,167,929 216,245.22 .19 25.500 79.27 4.72 @CALIF. CHILDREN SERVICES* 1,259 32,174 2,989,582.19 \$ 92.92 .702 \$ 2374.57 \$ 9.08 2.490 \$ 150.30 \$ @XOVER EXCLUDING STATE HOSP** 6,892 114,036 1,035,865.99 22.62

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MADERA COUNTI	DOMMANT OF DER	VICES FOR ALL PARTITIES					~=
					MON		
308,035 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	139,154	761,438 \$	38,912,115.90	\$ 51.10	2.472 \$		
@PHYSICIANS SERVICES	49,361	124,203 \$	5,168,507.73	\$ 41.61	.403 \$		
OUTPATIENT VISITS	36,684	54 , 465	1,897,499.99	34.84	.177	51.73	6.16
OFFICE VISITS	27 , 371	35 , 791	1,090,729.26	30.47	.116	39.85	3.54
HOME VISITS	1	1	53.68	53.68	.000	53.68	.00
EMERGENCY ROOM	7 , 172	7 , 921	428,035.46	54.04	.026	59.68	1.39
PREVENTIVE CARE	24	25	1,063.77	42.55	.000	44.32	.00
OB VISITS/COMPRE PERI	2,589	9,506	341 , 374.75	35.91	.031	131.86	1.11
OTHER OUTPATIENT	1,056	1,221	36,243.07	29.68	.004	34.32	.12
INPATIENT VISITS	1,871	6 , 276	407,285.14	64.90	.020	217.68	1.32
HOSPITAL VISITS	1 , 759	4,722	214,498.87	45.43	.015	121.94	.70
CRITICAL CARE	171	1,413	188,291.07	133.26	.005	1101.12	.61
SNF/ICF/TRANS IP CARE	12	141	4,495.20	31.88	.000	374.60	.01
OPHTHALMOLOGICAL SERVICES	1,028	1,163	51,509.33	44.29	.004	50.11	.17
EXAMINATIONS	1,016	1,151	51,279.33	44.55	.004	50.47	.17
SERVICES AND MATERIALS	12	12	230.00	19.17	.000	19.17	.00
INPATIENT HOSPITAL SURGERY	2,012	5,645	1,190,123.06	210.83	.018	591.51	3.86
PRINCIPAL SURGEON	1,515	1,865	1,053,409.76	564.83	.006	695.32	3.42
ASSISTANT SURGEON	249	247	42,145.38	170.63	.001	169.26	.14
ANESTHESIOLOGIST	517	3 , 533	94 , 567.92	26.77	.011	182.92	.31
OUTPATIENT SURGERY	2 , 887	6,242	447 , 574.74	71.70	.020	155.03	1.45
PRINCIPAL SURGEON	2,408	2 , 952	370 , 570.72	125.53	.010	153.89	1.20
ASSISTANT SURGEON	18	18	3 , 059.12	169.95	.000	169.95	.01
ANESTHESIOLOGIST	699	3,272	73,944.90	22.60	.011	105.79	.24
DIALYSIS	41	125	10,658.92	85.27	.000	259.97	.03
PATHOLOGY	7,171	11,676	157,780.31	13.51	.038	22.00	.51
RADIOLOGY	9,018	13,263	406,916.04	30.68	.043	45.12	1.32
PSYCHIATRY	4	4	208.74	52.19	.000	52.19	.00

IMMUNIZATION AND INJECTION	1,318	4,644		243,708.88		52.48	.015		184.91		.79
OTHER SERVICES/ALL X-OVERS	5 , 833	20,700		355 , 242.58		17.16	.067		60.90		1.15
@PHARMACY	71,141	208,822	\$	8,195,310.95	\$	39.25	.678	\$	115.20	\$	26.61
PRESCRIPTION DRUGS	70,461	181 , 925		7,959,223.39		43.75	.591		112.96		25.84
SNF/ICF	35	189		14,043.18		74.30	.001		401.23		.05
OUTPATIENTS	70,436	181 , 736		7,945,180.21		43.72	.590		112.80		25.79
MEDICAL SUPPLIES	3,210	26 , 897		236,087.56		8.78	.087		73.55		.77
@DENTIST	16 , 923	101,652	\$	2,340,588.98	\$	23.03	.330	\$	138.31	\$	7.60
VISITS - DIAGNOSTIC	11,670	75 , 708		801 , 438.52		10.59	.246		68.68		2.60
ORAL SURGERY	2,542	4,511		269 , 192.98		59.67	.015		105.90		.87
DRUGS	351	603		10 , 903.75		18.08	.002		31.06		.04
ANESTHESIA	133	136		13,300.00		97.79	.000		100.00		.04
PERIODONTICS	808	844		70 , 408.50		83.42	.003		87.14		.23
ENDODONTICS	1,021	1,791		225 , 598.25		125.96	.006		220.96		.73
RESTORATIVE DENTISTRY	6 , 267	15 , 917		807 , 986.60		50.76	.052		128.93		2.62
PROSTHETICS	48	52		1,290.00		24.81	.000		26.88		.00
DENTURES, STAYPLATES	144	510		44,142.71		86.55	.002		306.55		.14
SPACE MAINTAINERS	115	158		16,454.00		104.14	.001		143.08		.05
MAXILLOFACIAL SERVICES	130	131		12 , 646.17		96.54	.000		97.28		.04
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000		1200.00		.00
ORTHODONTIC SERVICES	683	782		62 , 277.50		79.64	.003		91.18		.20
ALL OTHER SERVICES	328	508		3 , 750.00		7.38	.002		11.43		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES MON	NTH-OF-PAYMENT RE	EPORI	FOR JAN	2004 THRU	DEC	2004	PAG	E 6,310
MOP024	FEE-FOR-SERVICE/DENTA	ΔL									03/14/05
MADERA COUNTY	SUMMARY OF SERVICES E	FOR ALL FA	MILIES								

MADEINA COONTI	DOMMANT OF DER	VICES FOR ALL PAR	11111	5					
						M		-	
308,035 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST		COST PER		COST PER
		OR DAYS OF CARE	3		R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	2,026	5 , 196	\$	118,927.03	\$ 22.89	.017	\$ 58.70	\$.39
DIAGNOSTIC AND ANC. PROCED	1,494	1 , 727		67 , 386.42	39.02	.006	45.10		.22
EYE APPLIANCES	1,276	3 , 451		50 , 962.99	14.77	.011	39.94		.17
OTHER OPTOMETRIC SERVICES	17	18		577.62	32.09	.000	33.98		.00
@CHIROPRACTOR	950	1,505	\$	25,125.16	\$ 16.69	.005	\$ 26.45	\$.08
VISITS	948	1,503		25,091.72	16.69	.005	26.47		.08
OTHER SERVICES	2	2		33.44	16.72	.000	16.72		.00
@PODIATRIST	394	483	\$	15,954.88	\$ 33.03	.002	\$ 40.49	\$.05
MEDICINE/INJECTIONS	386	455		14,265.14	31.35	.001	36.96		.05
SURGERY/ANES.	6	6		907.88	151.31	.000	151.31		.00
RADIO./PATHOLOGY	12	13		227.50	17.50	.000	18.96		.00
OTHER	8	9		554.36	61.60	.000	69.30		.00
@HOME HEALTH AGENCY	101	648	\$	36,118.54	\$ 55.74	.002	\$ 357.61	\$.12
NURSE ANESTHESIST	65	1,076	\$	13,422.79	\$ 12.47	.003	\$ 206.50	\$.04
NURSE MIDWIFE	10	15	\$	2,253.27	\$ 150.22	.000	\$ 225.33	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	15	27	\$	556.20	\$ 20.60	.000	\$ 37.08	\$.00
@TOTAL HOSPITAL	21,243	80 , 952	\$	12,405,353.51	\$ 153.24	.263	\$ 583.97	\$	40.27
HOSP INPATIENT TOTAL	2,059	8,186		10,150,420.64	1239.97	.027	4929.78		32.95
HSC HOSPITALS	1,213	4,629		7,252,901.04	1566.84	.015	5979.31		23.55
NON-HSC HOSPITAL TOTAL	857	3,557		2,894,891.60	813.86	.012	3377.94		9.40
ACCOMMODATIONS	857	3,557		1,061,331.96	298.38	.012	1238.43		3.45
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	857	3 , 557		1,061,331.96	298.38	.012	1238.43		3.45
ANCILLARIES	856	0		1,833,559.64	.00	.000	2142.01		5.95
INPATIENT CROSSOVERS	3	0		2,628.00	.00	.000	876.00		.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00

HOSP OUTPATIENT TOTAL	19,837	72,766	2,254,932.87	30.99	.236	113.67	7.32
MEDICAL	4,454	6,293	291,323.64	46.29	.020	65.41	.95
SURGERY	1,981	2,504	161,207.25	64.38	.008	81.38	.52
PATHOLOGY	6,895	24,807	280,956.76	11.33	.081	40.75	.91
RADIOLOGY	5,752	7,758	578,679.20	74.59	.025	100.60	1.88
ROOM USE	11,786	15,209	613,285.30	40.32	.049	52.04	1.99
CROSSOVERS/ALL OTH OUTPINT		16,195	329,480.72	20.34	.053	43.59	1.07
@COUNTY HOSPITAL TOTAL	95	406 \$	56,419.47		.001 \$	593.89	
CO HOSPITAL INPATIENT TOTAL	10	36	45,082.06	1252.28	.000	4508.21	.15
HSC HOSPITALS	10	36	45,082.06	1252.28	.000	4508.21	.15
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	89	370	11,337.41	30.64	.001	127.39	.04
MEDICAL	30	43	1,724.87	40.11	.000	57.50	.01
SURGERY	10	13	464.26	35.71	.000	46.43	.00
PATHOLOGY	28	127	1,993.69	15.70	.000	71.20	.01
RADIOLOGY	18	29	1,562.79	53.89	.000	86.82	.01
ROOM USE	64	85	3,498.38	41.16	.000	54.66	.01
CROSSOVERS/ALL OTH OUTPINT		73	2,093.42	28.68	.000	53.68	.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 6,311
MOP024	FEE-FOR-SERVICE	•					03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMILIES	3				
					MON'		-
308,035 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	04 450	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21,158	80,546 \$	12,348,934.04	\$ 153.32	.261 \$		
COMM HOSP INPATIENT TOTAL	2,049	8,150	10,105,338.58	1239.92	.026	4931.84	32.81
HSC HOSPITALS	1,203	4,593	7,207,818.98	1569.31	.015	5991.54	23.40
NON-HSC HOSPITALS TOTAL	857	3 , 557	2,894,891.60	813.86	.012	3377.94	9.40
ACCOMMODATIONS	857	3,557	1,061,331.96	298.38	.012	1238.43	3.45
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	857	3 , 557	1,061,331.96	298.38	.012	1238.43	3.45
ANCILLARIES	856	0	1,833,559.64	.00	.000	2142.01	5.95

0

0

0

0

0

0

673

359

72,396

6,250

2,491

24,680

7,729

15,124

16,122

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPINT

LEV B-SUBACUTE FREESTANDING

ALL OTHER INPATIENT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

LEV B-REHAB MD

DEVELOP. DISABLED

LEV A-INTERMEDIATE

ROOM USE

0

19,755

4,425

1,971

6,869

5,734

7,520

0

0

0

0

0

12

18

11,724

2,628.00

2,243,595.46

289,598.77

160,742.99

278,963.07

577,116.41

609,786.92

327,387.30

169,673.52

123,808.33

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9426.31 \$

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	0	•		0.0		0.0		0.00		0.0		0.0
LEV B-SUBACUTE HSPTL BASED	Ü	0		.00		.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.000		.00		.00
LEV B-REGULAR	6	314		45,865.19)	146.07		.001		7644.20		.15
@INTERMEDIATE CARE FACILDD	5	209	\$	41,146.60) \$	196.87		.001	\$	8229.32	\$.13
ICF DDH	0	0		.00)	.00		.000		.00		.00
ICF DD	0	0		.00)	.00		.000		.00		.00
ICF DDN/DDCN	5	209		41,146.60)	196.87		.001		8229.32		.13
@HEMODIALYSIS TOTAL	85	1,497	\$	122,840.48	\$	82.06		.005	\$	1445.18	\$.40
HOSPITAL BASED	1	. 2		5,228.04		2614.02		.000		5228.04		.02
HEMODIALYSIS CENTER	84	1,495		117,612.44		78.67		.005		1400.15		.38
@REHABILITATION FACILITY	234	744	\$	25,876.38	\$	34.78		.002	\$	110.58	\$.08
HOSPITAL BASED	233	743		25,855.19)	34.80		.002		110.97		.08
INDEPENDENT FACILITY	1	1		21.19)	21.19		.000		21.19		.00
@LABORATORY FACILITY	8,747	33,229	\$	433,642.31	. \$	13.05		.108	\$	49.58	\$	1.41
PATHOLOGY	8,698	33,152		429,206.20)	12.95		.108		49.35		1.39
XO AND OTHERS	76	77		4,436.11		57.61		.000		58.37		.01
@ORGANIZED OUTPATIENT CLINIC	39,842	64,718	\$	9,216,162.93	\$	142.40		.210	\$	231.32	\$	29.92
CLINIC	2,290	8,645		218,818.39)	25.31		.028		95.55		.71
SURGICENTER	404	1,760		73,293.73	3	41.64		.006		181.42		.24
HEROIN DETOX CLINIC	17	172		1,985.95)	11.55		.001		116.82		.01
RURAL HEALTH CLINIC	37,793	54,141		8,922,064.86)	164.79		.176		236.08		28.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004	THRU	DEC	2004	P	AGE 6,312
MOP024	FEE-FOR-SERVICE/DENTA	L										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES F	OR ALL F	AMILI	ES								
								M	ONTE	HLY AVERA	GE ·	

					MO	NTHLY AVERAC	GE
308,035 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	10,224	135,789 \$	580,654.64	\$ 4.28	.441	\$ 56.79	\$ 1.89
DURABLE MED. EQUIP.	183	443	30,507.60	68.87	.001	166.71	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	817.29	817.29	.000	817.29	.00
MEDICAL TRANSPORTATION	1,268	21,731	219,256.94	10.09	.071	172.92	.71
AMBULANCES/AIR TRANS	1,257	19,087	187,653.26	9.83	.062	149.29	.61
OTHER TRANS	13	2,606	8,431.32	3.24	.008	648.56	.03
OTHER SERVICES	21	38	23,172.36	609.80	.000	1103.45	.08
ACUPUNCTURE	1	4	75.69	18.92	.000	75.69	.00
ADULT DAY HEALTH CARE CTR	1	2	139.16	69.58	.000	139.16	.00
GENETIC DISEASE TESTING	583	585	61,425.00	105.00	.002	105.36	.20
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,421	5,221	50,020.82	9.58	.017	20.66	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	91	138	9,061.59	65.66	.000	99.58	.03
PROSTHETICS	90	137	9,017.51	65.82	.000	100.19	.03
ORTHOTICS	1	1	44.08	44.08	.000	44.08	.00
PSYCHOLOGIST	22	92	5,006.12	54.41	.000	227.55	.02
SPEECH AND AUDIOLOGY	29	65	5,516.98	84.88	.000	190.24	.02
HOSPICE SERVICES	2	10	1,250.70	125.07	.000	625.35	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5,417	19,781	180,033.43	9.10	.064	33.23	.58
EPSDT SUPPLEMENTAL SERVICE	1	20	566.15	28.31	.000	566.15	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	322	87 , 696	16,977.17	.19	.285	52.72	.06
@CALIF. CHILDREN SERVICES*	932	34,929 \$	2,459,433.66	\$ 70.41	.113	\$ 2638.88	\$ 7.98

@XOVER EXCLUDING STATE HOSP** 246 875 \$ 45,919.05 \$ 52.48 .003 \$ 186.66 \$.15

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03/14/05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MADERA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

MADERA COUNTI	SUMMARI OF SER	VICES FOR ALL MEDICALL	I INDIGENI		MON'	TIIT X 717007	GE
14,402 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
14,402 ELIGIBLES	USERS		EXPENDITORES				
	10,094	OR DAYS OF CARE	2 124 475 46	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10,094	43,713 \$	3,134,475.46	\$ 71.71	3.035 \$	310.53	
@PHYSICIANS SERVICES	3,730	9,062 \$	403,967.22	\$ 44.58	.629 \$		
OUTPATIENT VISITS	2,877	4,775	153,242.46	32.09	.332	53.26	10.64
OFFICE VISITS	2,211	2,832	84,053.76	29.68	.197	38.02	5.84
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	433	482	28 , 078.07	58.25	.033	64.85	1.95
PREVENTIVE CARE	6	6	306.73	51.12	.000	51.12	.02
OB VISITS/COMPRE PERI	259	1,329	36,893.54	27.76	.092	142.45	2.56
OTHER OUTPATIENT	90	126	3,910.36	31.03	.009	43.45	.27
INPATIENT VISITS	326	959	64,355.76	67.11	.067	197.41	4.47
HOSPITAL VISITS	303	749	37,260.84	49.75	.052	122.97	2.59
CRITICAL CARE	16	181	26,201.78	144.76	.013	1637.61	1.82
SNF/ICF/TRANS IP CARE	12	29	893.14	30.80	.002	74.43	.06
OPHTHALMOLOGICAL SERVICES	71	78	3,746.98	48.04	.005	52.77	.26
EXAMINATIONS	71	78	3 , 746.98	48.04	.005	52.77	.26
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	184	617	105,620.26	171.18	.043	574.02	7.33
PRINCIPAL SURGEON	131	167	90,549.82	542.21	.012	691.22	6.29
ASSISTANT SURGEON	17	17	3,734.37	219.67	.001	219.67	.26
ANESTHESIOLOGIST	63	433	11,336.07	26.18	.030	179.94	.79
OUTPATIENT SURGERY	134	234	16,212.76	69.29	.016	120.99	1.13
PRINCIPAL SURGEON	114	134	13,258.13	98.94	.009	116.30	.92
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	27	100	2,954.63	29.55	.007	109.43	.21
DIALYSIS	2	17	1,226.72	72.16	.001	613.36	.09
PATHOLOGY	374	616	7,778.41	12.63	.043	20.80	.54
RADIOLOGY	528	807	25,127.96	31.14	.056	47.59	1.74
PSYCHIATRY	1	1	23.22	23.22	.000	23.22	.00
IMMUNIZATION AND INJECTION	54	66	2,409.85	36.51	.005	44.63	.17
OTHER SERVICES/ALL X-OVERS	369	892	24,222.84	27.16	.062	65.64	1.68
@PHARMACY	4,656	12,826 \$	426,568.85	\$ 33.26	.891 \$	91.62	\$ 29.62
PRESCRIPTION DRUGS	4,629	10,701	410,942.30	38.40	.743	88.78	28.53
SNF/ICF	28	249	38,289.91	153.77	.017	1367.50	2.66
OUTPATIENTS	4,603	10,452	372,652.39	35.65	.726	80.96	25.88
MEDICAL SUPPLIES	226	2,125	15,626.55	7.35	.148	69.14	1.09
@DENTIST	733	6,149 \$		\$ 22.92	.427 \$		\$ 9.79
VISITS - DIAGNOSTIC	531	4,474	48,887.80	10.93	.311	92.07	3.39
ORAL SURGERY	101	254	16,117.50	63.45	.018	159.58	1.12
DRUGS	18	41	755.00	18.41	.003	41.94	.05
ANESTHESIA	11	10	1,000.00	100.00	.001	90.91	.07
PERIODONTICS	10	12	668.00	55.67	.001	66.80	.05
ENDODONTICS	59	138	12,617.00	91.43	.010	213.85	.88
RESTORATIVE DENTISTRY	293	1,122	53,702.85	47.86	.078	183.29	3.73
PROSTHETICS	1	2	60.00	30.00	.000	60.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	8	9	853.00	94.78	.001	106.63	.06

MAXILLOFACIAL SERVICES	4	6	610.40	101.73	.000	152.60	.04
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	40	61	5,445.00	89.26	.004	136.13	.38
ALL OTHER SERVICES	16	20	225.00	11.25	.001	14.06	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN 2	004 THRU D	DEC 2004	PAGE 6,314
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR ALL MEDICA	ALLY INDIGENT				

111122111 0001111	001111111111111111111111111111111111111			111010111			M	гио	HLY AVERA	GE	
14,402 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
•		OR DAYS OF CA	RE		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	85	213	\$	4,994.62	\$	23.45	.015	\$	58.76	\$.35
DIAGNOSTIC AND ANC. PROCED	66	71		2,980.55		41.98	.005		45.16		.21
EYE APPLIANCES	48	142		2,014.07		14.18	.010		41.96		.14
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	16	22	\$	367.84	\$	16.72	.002	\$	22.99	\$.03
VISITS	16	22		367.84		16.72	.002		22.99		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	10	10	\$	375.01	\$	37.50	.001	\$	37.50	\$.03
MEDICINE/INJECTIONS	10	10		375.01		37.50	.001		37.50		.03
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	6	126	\$	4,148.28	\$	32.92	.009	\$	691.38	\$.29
NURSE ANESTHESIST	2	53	\$	617.56	\$	11.65	.004	\$	308.78	\$.04
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	9	10	\$	270.34	\$	27.03	.001	\$	30.04	\$.02
@TOTAL HOSPITAL	1,441	5 , 846	\$	1,393,597.18	\$	238.38	.406	\$	967.10	\$	96.76
HOSP INPATIENT TOTAL	199	835		1,252,913.40		1500.50	.058		6296.05		87.00
HSC HOSPITALS	162	678		1,139,330.69		1680.43	.047		7032.91		79.11
NON-HSC HOSPITAL TOTAL	38	157		113,582.71		723.46	.011		2989.02		7.89
ACCOMMODATIONS	38	157		44,519.28		283.56	.011		1171.56		3.09

MDANCIMIONAL ID CADE	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE		157	.00 44,519.28 69,063.43	202.50	.000	.00	
ALL OTHER ACCOM	38 38		44,519.28	283.36		1171.56	
ANCILLARIES	38	0	69,063.43	.00	.000	1817.46	4.80
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0	• 0 0	• 0 0	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,293	5,011	140,683.78	28.07 50.44	.348	108.80 83.68	9.77
MEDICAL	267	443	22,342.89	50.44	.031	83.68	1.55
SURGERY	111	154	7,206.41	46.79		64.92	.50
PATHOLOGY	536	1,832 418	19,344.28 29,953.35	10.56 71.66	.127 .029	36.09	1.34
RADIOLOGY	318	418	29,953.35	71.66	.029	94.19	2.08
ROOM USE	740	967	38,922.07 22,914.78	40.25	.067	52.60	2.70
CROSSOVERS/ALL OTH OUTPTNT	740 470	967 1 , 197	22,914.78	40.25 19.14	.083	48.75	1.59
@COUNTY HOSPITAL TOTAL	1 -	7.0	4 707 65	\$ 62 21	005 S	315.18	
CO HOSPITAL INPATIENT TOTAL	2	76 \$ 2 2 0 0 0 0 0 0 0 0	2 700 01	1350 01	.000	1350.01	
HSC HOSPITALS	2	2	2,700.01 2,700.01	1350.01 1350.01	.000	1350.01	.19
	0	2	2,700.01			1330.01	•19
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	U	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	Ü	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0 0 0 74 7 1	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0 14	0	.00 2,027.64	.00 27.40	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	74	2,027.64	27.40	.005	144.83	.14
MEDICAL		7	415.19	59.31	.000	83.04	.03
SURGERY	1	1 28 4		6 28	.000	6.28	.00
PATHOLOGY	1 9	28	406.01	6.28 14.50	.002	45.11	
RADIOLOGY	3	20	127.00	21 75	.000	42.33	.01
	11	4	127.00	31.75 43.90	.000		
ROOM USE				43.90	.001	71.84	.05
CROSSOVERS/ALL OTH OUTPTNT		16	282.96	17.69		31.44	
#CALIF DEPT OF HEALTH SERV			NTH-OF-PAYMENT RE	EPORT FOR JAN 2	.004 THRU DEC	2004	
	FEE-FOR-SERVICE						03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR ALL MEDICALLY	Y INDIGENT				
					MONT	'HLY AVERA	GE
14,402 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,429	OR DAYS OF CARE 5,770 \$	1,388,869.53	PER UNIT/DAY \$ 240.71	.401 \$	USER	
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	1,429 197	5 , 770 \$	1,388,869.53 1,250,213,39	\$ 240.71	.401 \$	USER 971.92	\$ 96.44
COMM HOSP INPATIENT TOTAL	1,429 197 160	5 , 770 \$	1,388,869.53 1,250,213.39	\$ 240.71	.401 \$	USER 971.92 6346.26	\$ 96.44 86.81
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	1,429 197 160	5 , 770 \$	1,250,213.39 1,136,630.68	\$ 240.71 1500.86 1681.41	.401 \$.058 .047	USER 971.92 6346.26 7103.94	\$ 96.44 86.81 78.92
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	197 160 38	5,770 \$ 833 676 157	1,250,213.39 1,136,630.68 113,582.71	\$ 240.71 1500.86 1681.41 723.46	.401 \$.058 .047 .011	USER 971.92 6346.26 7103.94 2989.02	\$ 96.44 86.81 78.92 7.89
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	197 160 38	5,770 \$ 833 676 157	1,250,213.39 1,136,630.68 113,582.71	\$ 240.71 1500.86 1681.41 723.46	.401 \$.058 .047 .011 .011	USER 971.92 6346.26 7103.94 2989.02 1171.56	\$ 96.44 86.81 78.92 7.89 3.09
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	197 160 38 38	5,770 \$ 833 676 157	1,250,213.39 1,136,630.68 113,582.71	\$ 240.71 1500.86 1681.41 723.46	.401 \$.058 .047 .011 .011 .000	USER 971.92 6346.26 7103.94 2989.02 1171.56	\$ 96.44 86.81 78.92 7.89 3.09 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	197 160 38 38	5,770 \$ 833 676 157	1,250,213.39 1,136,630.68 113,582.71	\$ 240.71 1500.86 1681.41 723.46	.401 \$.058 .047 .011 .011 .000	USER 971.92 6346.26 7103.94 2989.02 1171.56	\$ 96.44 86.81 78.92 7.89 3.09 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	197 160 38 38	5,770 \$ 833 676 157 157 0 0 157	1,250,213.39 1,136,630.68 113,582.71 44,519.28 .00 .00 44,519.28	\$ 240.71 1500.86 1681.41 723.46 283.56 .00 .00 283.56	.401 \$.058 .047 .011 .011 .000 .000	USER 971.92 6346.26 7103.94 2989.02 1171.56 .00 .00 1171.56	\$ 96.44 86.81 78.92 7.89 3.09 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	197 160 38 38 0 0 38 38 38	5,770 \$ 833 676 157 157 0 0 157	1,250,213.39 1,136,630.68 113,582.71 44,519.28 .00 .00 44,519.28	\$ 240.71 1500.86 1681.41 723.46 283.56 .00 .00 283.56	.401 \$.058 .047 .011 .011 .000 .000 .011 .000	USER 971.92 6346.26 7103.94 2989.02 1171.56 .00 .00 1171.56 1817.46	\$ 96.44 86.81 78.92 7.89 3.09 .00 .00 3.09 4.80
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	197 160 38 38	5,770 \$ 833 676 157 157 0 0 157 0	1,250,213.39 1,136,630.68 113,582.71	\$ 240.71 1500.86 1681.41 723.46 283.56 .00 .00 283.56	.401 \$.058 .047 .011 .011 .000 .000	USER 971.92 6346.26 7103.94 2989.02 1171.56 .00 .00 1171.56	\$ 96.44 86.81 78.92 7.89 3.09 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	197 160 38 38 0 0 38 38 38	5,770 \$ 833 676 157 157 0 0 157	1,250,213.39 1,136,630.68 113,582.71 44,519.28 .00 .00 44,519.28	\$ 240.71 1500.86 1681.41 723.46 283.56 .00 .00 283.56 .00	.401 \$.058 .047 .011 .011 .000 .000 .011 .000	USER 971.92 6346.26 7103.94 2989.02 1171.56 .00 .00 1171.56 1817.46 .00	\$ 96.44 86.81 78.92 7.89 3.09 .00 .00 3.09 4.80 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	197 160 38 38 0 0 38 38 38	5,770 \$ 833 676 157 157 0 0 157 0	1,250,213.39 1,136,630.68 113,582.71 44,519.28 .00 .00 44,519.28 69,063.43 .00 .00	\$ 240.71 1500.86 1681.41 723.46 283.56 .00 .00 283.56	.401 \$.058 .047 .011 .011 .000 .000 .011 .000	USER 971.92 6346.26 7103.94 2989.02 1171.56 .00 .00 1171.56 1817.46 .00	\$ 96.44 86.81 78.92 7.89 3.09 .00 .00 3.09 4.80 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	197 160 38 38 0 0 38 38 38 0	5,770 \$ 833 676 157 157 0 0 157 0 0	1,250,213.39 1,136,630.68 113,582.71 44,519.28 .00 .00 44,519.28 69,063.43 .00	\$ 240.71 1500.86 1681.41 723.46 283.56 .00 .00 283.56 .00 .00 .00	.401 \$.058 .047 .011 .011 .000 .000 .011 .000 .000 .00	USER 971.92 6346.26 7103.94 2989.02 1171.56 .00 .00 1171.56 1817.46 .00 .00	\$ 96.44 86.81 78.92 7.89 3.09 .00 .00 3.09 4.80 .00 .00 9.63
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	197 160 38 38 0 0 38 38 38 0 0 1,282 263	5,770 \$ 833 676 157 157 0 0 157 0 4,937 436	1,250,213.39 1,136,630.68 113,582.71 44,519.28 .00 .00 44,519.28 69,063.43 .00 .00 138,656.14 21,927.70	\$ 240.71 1500.86 1681.41 723.46 283.56 .00 .00 283.56 .00 .00 .00 .00 .00 .00	.401 \$.058 .047 .011 .011 .000 .000 .011 .000 .000 .00	USER 971.92 6346.26 7103.94 2989.02 1171.56 .00 .171.56 1817.46 .00 .00 108.16 83.38	\$ 96.44 86.81 78.92 7.89 3.09 .00 .00 3.09 4.80 .00 .00 9.63 1.52
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	197 160 38 38 0 0 0 38 38 0 0 0 1,282 263 110	5,770 \$ 833 676 157 157 0 0 157 0 4,937 436 153	1,250,213.39 1,136,630.68 113,582.71 44,519.28 .00 .00 44,519.28 69,063.43 .00 .00 138,656.14 21,927.70 7,200.13	\$ 240.71 1500.86 1681.41 723.46 283.56 .00 .00 283.56 .00 .00 .00 28.09 50.29 47.06	.401 \$.058 .047 .011 .011 .000 .000 .011 .000 .000 .011 .000 .000 .000 .011	USER 971.92 6346.26 7103.94 2989.02 1171.56 .00 .00 1171.56 1817.46 .00 .00 108.16 83.38 65.46	\$ 96.44 86.81 78.92 7.89 3.09 .00 .00 3.09 4.80 .00 .00 9.63 1.52 .50
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	197 160 38 38 0 0 0 38 38 0 0 0 1,282 263 110 528	5,770 \$ 833 676 157 157 0 0 157 0 4,937 436 153 1,804	1,250,213.39 1,136,630.68 113,582.71 44,519.28 .00 .00 44,519.28 69,063.43 .00 .00 138,656.14 21,927.70 7,200.13 18,938.27	\$ 240.71 1500.86 1681.41 723.46 283.56 .00 .00 283.56 .00 .00 .00 28.09 50.29 47.06 10.50	.401 \$.058 .047 .011 .011 .000 .000 .011 .000 .000 .00	USER 971.92 6346.26 7103.94 2989.02 1171.56 .00 .00 1171.56 1817.46 .00 .00 108.16 83.38 65.46 35.87	\$ 96.44 86.81 78.92 7.89 3.09 .00 .00 3.09 4.80 .00 .00 9.63 1.52 .50 1.31
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	197 160 38 38 0 0 0 38 38 0 1,282 263 110 528 315	5,770 \$ 833 676 157 157 0 0 157 0 4,937 436 153 1,804 414	1,250,213.39 1,136,630.68 113,582.71 44,519.28 .00 .00 44,519.28 69,063.43 .00 .00 138,656.14 21,927.70 7,200.13 18,938.27 29,826.35	\$ 240.71 1500.86 1681.41 723.46 283.56 .00 .00 283.56 .00 .00 .00 28.09 50.29 47.06 10.50 72.04	.401 \$.058 .047 .011 .011 .000 .000 .011 .000 .000 .00	USER 971.92 6346.26 7103.94 2989.02 1171.56 .00 .171.56 1817.46 .00 .00 108.16 83.38 65.46 35.87 94.69	\$ 96.44 86.81 78.92 7.89 3.09 .00 .00 3.09 4.80 .00 .00 9.63 1.52 .50 1.31 2.07
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	197 160 38 38 0 0 0 38 38 0 1,282 263 110 528 315 731	5,770 \$ 833 676 157 157 0 0 157 0 4,937 436 153 1,804 414 949	1,250,213.39 1,136,630.68 113,582.71 44,519.28 .00 .00 44,519.28 69,063.43 .00 .00 138,656.14 21,927.70 7,200.13 18,938.27 29,826.35 38,131.87	\$ 240.71 1500.86 1681.41 723.46 283.56 .00 .00 283.56 .00 .00 .00 28.09 50.29 47.06 10.50 72.04 40.18	.401 \$.058 .047 .011 .011 .000 .000 .011 .000 .000 .011 .125 .029 .066	USER 971.92 6346.26 7103.94 2989.02 1171.56 .00 .00 1171.56 1817.46 .00 .00 108.16 83.38 65.46 35.87 94.69 52.16	\$ 96.44 86.81 78.92 7.89 3.09 .00 .00 3.09 4.80 .00 .00 9.63 1.52 .50 1.31 2.07 2.65
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	197 160 38 38 0 0 0 38 38 0 1,282 263 110 528 315 731 463	5,770 \$ 833 676 157 157 0 0 157 0 4,937 436 153 1,804 414 949 1,181	1,250,213.39 1,136,630.68 113,582.71 44,519.28 .00 .00 44,519.28 69,063.43 .00 .00 138,656.14 21,927.70 7,200.13 18,938.27 29,826.35 38,131.87 22,631.82	\$ 240.71 1500.86 1681.41 723.46 283.56 .00 .00 283.56 .00 .00 .00 28.09 50.29 47.06 10.50 72.04 40.18 19.16	.401 \$.058 .047 .011 .011 .000 .000 .011 .000 .000 .011 .125 .029 .066 .082	USER 971.92 6346.26 7103.94 2989.02 1171.56 .00 .171.56 1817.46 .00 .00 108.16 83.38 65.46 35.87 94.69 52.16 48.88	\$ 96.44 86.81 78.92 7.89 3.09 .00 .00 3.09 4.80 .00 .00 9.63 1.52 .50 1.31 2.07 2.65 1.57
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	197 160 38 38 0 0 0 38 38 0 1,282 263 110 528 315 731	5,770 \$ 833 676 157 157 0 0 157 0 4,937 436 153 1,804 414 949	1,250,213.39 1,136,630.68 113,582.71 44,519.28 .00 .00 44,519.28 69,063.43 .00 .00 138,656.14 21,927.70 7,200.13 18,938.27 29,826.35 38,131.87	\$ 240.71 1500.86 1681.41 723.46 283.56 .00 .00 283.56 .00 .00 .00 28.09 50.29 47.06 10.50 72.04 40.18	.401 \$.058 .047 .011 .011 .000 .000 .011 .000 .000 .011 .125 .029 .066	USER 971.92 6346.26 7103.94 2989.02 1171.56 .00 .00 1171.56 1817.46 .00 .00 108.16 83.38 65.46 35.87 94.69 52.16	\$ 96.44 86.81 78.92 7.89 3.09 .00 .00 3.09 4.80 .00 .00 9.63 1.52 .50 1.31 2.07 2.65 1.57

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ADMINISTRATIVE DAYS

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MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	22	1,048	\$	203,967.70	\$	194.63	.073	\$	9271.26	\$	14.16
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	ŭ	0		.00		.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	,										.00
LEV B-SUBACUTE HSPTL BASED	3	165		88,965.36		539.18	.011		29655.12		6.18
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	883		115,002.34		130.24	.061		6052.75		7.99
@INTERMEDIATE CARE FACILDD	1	16	\$	6,793.28	\$	424.58	.001	\$	6793.28	\$.47
ICF DDH	0	0		.00	•	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
	1					424.58					
ICF DDN/DDCN	1	16		6,793.28			.001		6793.28		.47
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	17	28	\$	1,558.37	\$	55.66	.002	\$	91.67	\$.11
HOSPITAL BASED	17	28		1,558.37	•	55.66	.002		91.67		.11
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	425		ċ		ċ			~		ċ	
@LABORATORY FACILITY		1,306	\$	18,835.23	\$	14.42	.091	Þ	44.32	Ş	1.31
PATHOLOGY	425	1,304		18,716.23		14.35	.091		44.04		1.30
XO AND OTHERS	2	2		119.00		59.50	.000		59.50		.01
@ORGANIZED OUTPATIENT CLINIC	2,561	3 , 759	\$	481,692.18	\$	128.14	.261	\$	188.09	\$	33.45
CLINIC	94	413		9,437.72		22.85	.029		100.40		.66
SURGICENTER	7	32		1,169.40		36.54	.002		167.06		.08
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,473			471,085.06		142.15	.230		190.49		32.71
	•	3,314									
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	()N'I'H=()F'=PAYMF:N'I' RF	SPORT	FOR JAN 2	2004 THRU	DE(' 2004	PF	AGE 6,316
		,		01,111 01 11111111111111111111111111111					2001		, ,
MOP024	FEE-FOR-SERVICE	/DENTAL		011111 01 11111111111111111111					2001		03/14/05
MOP024 MADERA COUNTY		/DENTAL ICES FOR ALL ME							2001		03/14/05
									THLY AVERA		, , ,
MADERA COUNTY	SUMMARY OF SERV	ICES FOR ALL ME	DICAL	LY INDIGENT	AVF.	RAGE COST	M	ľИOI	THLY AVERA	GE -	
		ICES FOR ALL ME UNITS OF SERVIC	DICAL E				M UNITS/DAY	IONT	THLY AVERA COST PER	GE -	COST PER
MADERA COUNTY 14,402 ELIGIBLES	SUMMARY OF SERV	ICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAR	DICAL E E	LY INDIGENT EXPENDITURES	PER	UNIT/DAY	M UNITS/DAY PER ELIG	IONT S	THLY AVERA COST PER USER	GE - (COST PER
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERV USERS 375	ICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAR 3,239	DICAL E	LY INDIGENT EXPENDITURES 45,780.25		UNIT/DAY 14.13	M UNITS/DAY PER ELIC .225	IONT S	THLY AVERA COST PER USER 122.08	GE - (COST PER ELIGIBLE 3.18
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV USERS 375 6	UNITS OF SERVIC OR DAYS OF CAR 3,239 6	DICAL E E	LY INDIGENT EXPENDITURES 45,780.25 1,426.82	PER	UNIT/DAY 14.13 237.80	UNITS/DAY PER ELIG	IONT S	THLY AVERA COST PER USER 122.08 237.80	GE - (COST PER ELIGIBLE 3.18 .10
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERV USERS 375 6 0	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00	PER	UNIT/DAY 14.13 237.80 .00	M UNITS/DAY PER ELIG .225 .000 .000	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00	GE - (COST PER ELIGIBLE 3.18 .10
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV USERS 375 6 0 0	UNITS OF SERVIC OR DAYS OF CAR 3,239 6	DICAL E E	LY INDIGENT EXPENDITURES 45,780.25 1,426.82	PER	UNIT/DAY 14.13 237.80	UNITS/DAY PER ELIG	IONT S	THLY AVERA COST PER USER 122.08 237.80	GE - (COST PER ELIGIBLE 3.18 .10
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERV USERS 375 6 0	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00	PER	UNIT/DAY 14.13 237.80 .00	M UNITS/DAY PER ELIG .225 .000 .000	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00	GE - (COST PER ELIGIBLE 3.18 .10
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERV USERS 375 6 0 107	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60	PER	UNIT/DAY 14.13 237.80 .00 .00	M UNITS/DAY PER ELIG .225 .000 .000 .000	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERV USERS 375 6 0 0 107 106	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37	PER	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57	M UNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 2.23 1.72
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERV USERS 375 6 0 107 106 1	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37 75.23	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45	M UNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004	IONT S	CHLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 2.23 1.72 .01
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERV USERS 375 6 0 107 106 1 4	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37 75.23 7,200.00	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00	MUNITS/DAY PER ELIG	IONT S	CHLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 .2.23 1.72 .01 .50
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERV USERS 375 6 0 107 106 1 4 0	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4 0	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37 75.23 7,200.00 .00	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00	UNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004 .000 .000	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00 .00	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 .2.23 1.72 .01 .50 .00
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	SUMMARY OF SERV USERS 375 6 0 107 106 1 4 0 0 0	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4 0 0	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37 75.23 7,200.00 .00	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00 .00	MUNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004 .000 .000 .000	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00 .00	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 .2.23 1.72 .01 .50 .00
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	SUMMARY OF SERV USERS 375 6 0 107 106 1 4 0 0 0 43	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4 0 0 43	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .20,71.60 24,796.37 75.23 7,200.00 .00 4,515.00	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00 .00 .00	MUNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004 .000 .000 .000 .000	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00 .00 .00	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 2.23 1.72 .01 .50 .00
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	SUMMARY OF SERV USERS 375 6 0 107 106 1 4 0 0 0	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4 0 0	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37 75.23 7,200.00 .00	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00 .00	MUNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004 .000 .000	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00 .00	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 .2.23 1.72 .01 .50 .00
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MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	SUMMARY OF SERV USERS 375 6 0 0 107 106 1 4 0 0 43 0 0	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4 0 0 43 0	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37 75.23 7,200.00 .00 4,515.00 .00 .00	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00 .00 105.00 .00 .00	MUNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004 .000 .000 .000 .000	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00 .00 .00 .00 .00 .00	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 2.23 1.72 .01 .50 .00 .00
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MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	SUMMARY OF SERV USERS 375 6 0 0 107 106 1 4 0 0 43 0 0 125 0	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4 0 0 43 0 0 272	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37 75.23 7,200.00 .00 4,515.00 .00 3,901.09 .00	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00 .00 105.00 .00 14.34 .00	MUNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004 .000 .000 .000 .000 .000 .000	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 .2.23 1.72 .01 .50 .00 .00 .31 .00 .00 .27 .00
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	SUMMARY OF SERV USERS 375 6 0 0 107 106 1 4 0 0 43 0 0 125 0 1	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4 0 0 43 0 0 272	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37 75.23 7,200.00 .00 4,515.00 .00 3,901.09 .00 60.26	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00 .00 105.00 .00 105.00 .00 14.34 .00 30.13	MUNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004 .000 .000 .000 .000 .000 .000 .00	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 .2.23 1.72 .01 .50 .00 .00 .31 .00 .00 .27 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	SUMMARY OF SERV USERS 375 6 0 0 107 106 1 4 0 0 43 0 0 125 0	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4 0 0 43 0 0 272 0 272	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37 75.23 7,200.00 .00 4,515.00 .00 3,901.09 .00 60.26 122.18	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00 .00 105.00 .00 105.00 .00 14.34 .00 30.13 61.09	MUNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004 .000 .000 .000 .000 .000 .000 .00	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 .2.23 1.72 .01 .50 .00 .00 .31 .00 .00 .27 .00 .00 .00 .01
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	SUMMARY OF SERV USERS 375 6 0 0 107 106 1 4 0 0 43 0 0 125 0 1 2 2	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4 0 0 43 0 0 272 0 272 0 2	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37 75.23 7,200.00 .00 4,515.00 .00 3,901.09 .00 60.26 122.18 122.18	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00 .00 105.00 .00 105.00 .00 14.34 .00 30.13 61.09 61.09	MUNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004 .000 .000 .000 .000 .000 .000 .00	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 .223 1.72 .01 .50 .00 .00 .27 .00 .00 .27 .00 .00 .01 .01
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	SUMMARY OF SERV USERS 375 6 0 0 107 106 1 4 0 0 43 0 0 125 0 1	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4 0 0 43 0 0 272 0 272	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37 75.23 7,200.00 .00 4,515.00 .00 3,901.09 .00 60.26 122.18	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00 .00 105.00 .00 105.00 .00 14.34 .00 30.13 61.09	MUNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004 .000 .000 .000 .000 .000 .000 .00	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 .2.23 1.72 .01 .50 .00 .00 .31 .00 .00 .27 .00 .00 .00 .01
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	SUMMARY OF SERV USERS 375 6 0 0 107 106 1 4 0 0 43 0 0 125 0 1 2 2	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4 0 0 43 0 0 272 0 272 0 2	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37 75.23 7,200.00 .00 4,515.00 .00 3,901.09 .00 60.26 122.18 122.18	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00 .00 105.00 .00 105.00 .00 14.34 .00 30.13 61.09 61.09	MUNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004 .000 .000 .000 .000 .000 .000 .00	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 .223 1.72 .01 .50 .00 .00 .27 .00 .00 .27 .00 .00 .01 .01
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	SUMMARY OF SERV USERS 375 6 0 0 107 106 1 4 0 0 43 0 0 125 0 1 2 2 0	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4 0 0 43 0 272 0 272 0 2	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37 75.23 7,200.00 .00 4,515.00 .00 3,901.09 .00 60.26 122.18 122.18	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00 .00 105.00 .00 105.00 .00 14.34 .00 30.13 61.09 61.09 .00	MUNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004 .000 .000 .000 .000 .000 .000 .00	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 .223 1.72 .01 .50 .00 .00 .27 .00 .00 .27 .00 .00 .01 .01 .00
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	SUMMARY OF SERV USERS 375 6 0 0 107 106 1 4 0 0 43 0 0 125 0 1 2 2 2 0 0	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4 0 0 43 0 272 0 272 0 2 2 2 0 0 0	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37 75.23 7,200.00 .00 4,515.00 .00 3,901.09 .00 60.26 122.18 122.18 .00 .00 .00	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00 .00 105.00 .00 14.34 .00 30.13 61.09 61.09 .00 .00 .00	UNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004 .000 .000 .000 .000 .000 .000 .00	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 .2.23 1.72 .01 .50 .00 .00 .27 .00 .00 .27 .00 .00 .01 .01 .00 .00 .00 .00 .00 .00
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	SUMMARY OF SERV USERS 375 6 0 0 107 106 1 4 0 0 0 43 0 0 125 0 1 2 2 0 0 0 0 0 0	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4 0 0 43 0 272 0 272 0 20 0 0 0 0 0 0 0 0 0 0 0	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .32,071.60 24,796.37 .75.23 7,200.00 .00 4,515.00 .00 3,901.09 .00 60.26 122.18 122.18 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00 .00 105.00 .00 14.34 .00 30.13 61.09 61.09 .00 .00 .00 .00 .00 .00 .00 .00 .00	MUNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004 .000 .000 .000 .000 .000 .000 .00	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 .223 1.72 .01 .50 .00 .00 .27 .00 .00 .00 .27 .00 .00 .00 .01 .01 .00 .00 .00 .00 .00
MADERA COUNTY 14,402 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	SUMMARY OF SERV USERS 375 6 0 0 107 106 1 4 0 0 43 0 0 125 0 1 2 2 2 0 0 0 0	UNITS OF SERVIC OR DAYS OF CAR 3,239 6 0 2,401 2,345 52 4 0 0 43 0 272 0 272 0 2 2 2 0 0 0	DICAL E E	EXPENDITURES 45,780.25 1,426.82 .00 .00 32,071.60 24,796.37 75.23 7,200.00 .00 4,515.00 .00 3,901.09 .00 60.26 122.18 122.18 .00 .00 .00	PER \$	UNIT/DAY 14.13 237.80 .00 .00 13.36 10.57 1.45 1800.00 .00 105.00 .00 14.34 .00 30.13 61.09 61.09 .00 .00 .00	UNITS/DAY PER ELIG .225 .000 .000 .000 .167 .163 .004 .000 .000 .000 .000 .000 .000 .00	IONT S	THLY AVERA COST PER USER 122.08 237.80 .00 .00 299.73 233.93 75.23 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - (COST PER ELIGIBLE 3.18 .10 .00 .00 .2.23 1.72 .01 .50 .00 .00 .27 .00 .00 .27 .00 .00 .01 .01 .00 .00 .00 .00 .00 .00

LOCAL EDUCATION AGENCIES	85	305	3,506.11	11.50	.021	41.	25	.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		00	.00
ALL OTHER PROVIDERS	9	208	177.19	.85	.014	19.	69	.01
@CALIF. CHILDREN SERVICES*	130	4,388	\$ 714,596.22	\$ 162.85	.305	\$ 5496.	89	\$ 49.62
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.	00	\$.00

^{0*} Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,317 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY	SUMMARY OF SERVI	CES FOR	RENAL D	IALYSIS			AID CODES	71				
								Mo	TNC	HLY AVERA	GE	
02 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S (COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	10		25	\$	8,102.95	\$	324.12	12.500	\$	810.30	\$	4051.48
@PHYSICIANS SERVICES	5		5	\$	186.46	\$	37.29	2.500	\$	37.29	\$	93.23
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	5		5		186.46		37.29	2.500		37.29		93.23
@PHARMACY	8		18	\$	7,200.61	\$	400.03	9.000	\$	900.08	\$	3600.31
PRESCRIPTION DRUGS	8		18		7,200.61		400.03	9.000		900.08		3600.31
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	8		18		7,200.61		400.03	9.000		900.08		3600.31
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH	I-OF-PAYMENT REPOR	T FOR JAN 20	04 THRU DI	EC 2004	PAGE 6,318
MOP024	FEE-FOR-SERVICE/DENTAL	ı					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FO	R RENAL DIALYSIS		AID CODES 7	1		
				-	MOI	NTHLY AVERAG	E

AVERAGE COST UNITS/DAYS COST PER 02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$ \$.00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 @PODIATRIST .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 0 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .00 .000 .00 OTHER 0 .00 .00 .000 .00 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 \$ \$.00 0 NURSE ANESTHESIST .00 \$.00 .000 .00 \$.00 0 .00 NURSE MIDWIFE .00 \$.00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 0 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 0 .00 .00 PATHOLOGY .00 .000 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 0 .00 CROSSOVERS/ALL OTH OUTPTNT .00 .000 .00 .00 @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 CO HOSPITAL INPATIENT TOTAL 0 .00 .00 HSC HOSPITALS .00 .000 .00 0 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
ROOM USE	0		0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE:	S AND EXP	ENDITURE	S MONTH	-OF-PAYMENT RE	PORT FOR JAN	2004 THRU D	EC 2004	PAGE	6,319
MOP024	FEE-FOR-SERVICE/	DENTAL								/14/05
MADERA COUNTY	SUMMARY OF SERVI	CES FOR I	RENAL DI	ALYSIS		AID CODES	71			
							MO	NTHLY AVERA	GE	
02 ELIGIBLES	USERS 1	UNITS OF S	SERVICE		EXPENDITURES	AVERAGE COST			GE COST	PER
02 ELIGIBLES	USERS 1	UNITS OF S			EXPENDITURES	AVERAGE COST PER UNIT/DAY			-	
02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 1			\$	EXPENDITURES .00		UNITS/DAYS	COST PER USER	COST ELIG	
	USERS 0		OF CARE	\$		PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST ELIG	IBLE
@COMMUNITY HOSPITAL TOTAL	USERS 1		OF CARE	\$.00	PER UNIT/DAY \$.00	UNITS/DAYS PER ELIG .000	COST PER USER \$.00	COST ELIG	IBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 1 0 0 0 0 0 0 0 0		OF CARE	\$.00	PER UNIT/DAY \$.00 .00	UNITS/DAYS PER ELIG .000 .000	COST PER USER \$.00 .00	COST ELIG	IBLE .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 0 0 0 0 0 0 0 0 0 0		OF CARE	\$.00	PER UNIT/DAY \$.00 .00 .00	UNITS/DAYS PER ELIG .000 .000	COST PER USER \$.00 .00 .00	COST ELIG	IBLE .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		OF CARE	\$.00	PER UNIT/DAY \$.00 .00 .00 .00	UNITS/DAYS PER ELIG .000 .000 .000 .000	COST PER USER \$.00 .00 .00	COST ELIG	.00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		OF CARE	Ş	.00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 .000 .000 .000	COST PER USER \$.00 .00 .00 .00	COST ELIG	.00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 1000 000 0000 0000 0000 0000 0000 000		OF CARE	\$.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	COST PER USER \$.00 .00 .00 .00 .00	COST ELIG	IBLE .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS 1000 000 0000 0000 0000 0000 0000 000		OF CARE	Ş	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000	COST PER USER \$.00 .00 .00 .00 .00	COST ELIG	IBLE .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		OF CARE	Ş	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST ELIG	IBLE .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		OF CARE	\$.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST ELIG	IBLE .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS 1		OF CARE	\$.00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST ELIG	IBLE .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS 1		OF CARE	\$.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST ELIG	IBLE .00 .00 .00 .00 .00 .00 .00 .00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	2	\$	715.88	\$	357.94	1.000	\$	357.94	\$	357.94
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	2		715.88		357.94	1.000		357.94		357.94
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	OF-PAYMENT RE	EPOR:	r for Jan	2004 THRU	DEC	2004	P	AGE 6,320
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	RENAL	DIALYSIS			AID CODES	71				
							M	ONTI	HLY AVERA	GE ·	

					MON	THLY AVERAC	步
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	6	\$ 874.52	\$ 145.75	3.000	\$ 218.63	\$ 437.26

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,321 FEE-FOR-SERVICE/DENTAL

03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

					MON7	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@ PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	Ś	.00	\$.00	.000		.00	\$.00
VISITS - DIAGNOSTIC	0		0	Y	.00	Y	.00	.000		.00	Y	.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
	0		0									
DRUGS	0		Ü		.00		.00	.000		.00		.00
ANESTHESIA	•		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXE	PENDIT	JRES M	IONTH-OF-PAYMENT RE	EPORT FO	R JAN 2	2004 THRU	DEC	2004	P	AGE 6,322
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR	TOTAL	PAREN	TERAL NUTRITION	AID	CODES	73				
									MONT	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVI	CE	EXPENDITURES	AVERAG	E COST	UNITS/DA	YS	COST PER		COST PER
		OR DAYS	OF CAL	RE		PER UN	IT/DAY	PER ELI	G	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		Ö	\$.00	\$.00	.000		.00	\$.00
VISITS	0		0		.00	·	.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	Ś	.00	Ś	.00	.000		.00	Ś	.00
MEDICINE/INJECTIONS	0		0	т	.00	т	.00	.000		.00	Τ.	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000		.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000		.00	Ś	.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000		.00	\$.00
	0		0		.00	۶ \$.00			.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$ \$.000				
FAMILY NURSE PRACTITIONER	0			Ş	.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	0		0	Ş	.00	\$.00	.000		.00	\$.00
HOSP INPATIENT TOTAL	•		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ATT OPHED INDAPTEME	<u> </u>		0		0.0		$\cap \cap$	000		0.0		0.0

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ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

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CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	•	•					
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	004 THRU DEC	2004	PAGE 6,323
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
MADERA COUNTY	SUMMARY OF SERV	/ICES FOR TOTAL PARENT	ERAL NUTRITION	AID CODES	73		
					MONTE	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0			.000		
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	•	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
THE D GLIDAGLIBE EDDERGRANDING	^	Ď.	0.0	0.0	000	0.0	0.0

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LEV B-SUBACUTE FREESTANDING

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LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

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ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	JRES MC	NTH-OF-PAYMENT RE	PORT	FOR JAN 2	2004 THRU I	DEC 200	4	PAGE	6 , 324
MOP024	FEE-FOR-SERVICE/DENT	AL								03	3/14/05
MOP024 MADERA COUNTY	FEE-FOR-SERVICE/DENT SUMMARY OF SERVICES		PARENT	ERAL NUTRITION		AID CODES	73			03	/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR TOTAL					MC			.GE	
	SUMMARY OF SERVICES USERS UNIT	FOR TOTAL S OF SERVIC	Œ	ERAL NUTRITION	AVE	RAGE COST	UNITS/DAYS	S COST	PER	GE COSI	PER
MADERA COUNTY	SUMMARY OF SERVICES USERS UNIT	FOR TOTAL	Œ	EXPENDITURES	AVE	RAGE COST UNIT/DAY	MOUNITS/DAYS	S COST US	PER ER	GE COSI ELIG	PER
MADERA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVICES USERS UNIT	FOR TOTAL S OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST UNIT/DAY .00	MC UNITS/DAYS PER ELIG .000	S COST US	PER ER .00	GE COSI	PER GIBLE
MADERA COUNTY 00 ELIGIBLES	SUMMARY OF SERVICES USERS UNIT	FOR TOTAL S OF SERVIC	Œ	EXPENDITURES .00 .00	AVE	RAGE COST UNIT/DAY .00 .00	UNITS/DAYS PER ELIG .000 .000	S COST US	PER ER .00	GE COSI ELIG	PER GIBLE .00
MADERA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERVICES USERS UNIT	FOR TOTAL S OF SERVIC	Œ	EXPENDITURES .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00	MC UNITS/DAYS PER ELIG .000 .000	S COST US	PER ER .00 .00	GE COSI ELIG	PER FIBLE .00 .00
MADERA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVICES USERS UNIT	FOR TOTAL S OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST UNIT/DAY .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000	S COST US	PER ER .00 .00 .00	GE COSI ELIG	PER GIBLE .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVICES USERS UNIT	FOR TOTAL S OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000	S COST US	PER ER .00 .00 .00	GE COSI ELIG	PER SIBLE .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERVICES USERS UNIT	FOR TOTAL S OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	S COST US	PER ER .00 .00 .00 .00	GE COSI ELIG	PER BIBLE .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVICES USERS UNIT	FOR TOTAL S OF SERVIC	Œ	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	S COST US	PER ER .00 .00 .00 .00 .00	GE COSI ELIG	PER SIBLE .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICES USERS UNIT	FOR TOTAL S OF SERVIC	Œ	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000	S COST US	PER ER .00 .00 .00 .00 .00 .00	GE COSI ELIG	PER BIBLE .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVICES USERS UNIT	FOR TOTAL S OF SERVIC	Œ	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST US	PER ER .00 .00 .00 .00 .00 .00	GE COSI ELIG	PER BIBLE .00 .00 .00 .00 .00 .00
MADERA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICES USERS UNIT	FOR TOTAL S OF SERVIC	Œ	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000	S COST US	PER ER .00 .00 .00 .00 .00 .00	GE COSI ELIG	PER BIBLE .00 .00 .00 .00 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,325
MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

----- MONTHLY AVERAGE -----00 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE 0 @TOTAL, ALL PROVIDERS .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 .00 \$.00 .000 \$.00 \$.00 .00 OUTPATIENT VISITS .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT VISITS .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .000 .00 CRITICAL CARE .00 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 EXAMINATIONS .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .000 ASSISTANT SURGEON .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 .000 DIALYSIS .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 PSYCHIATRY .00 .000 .00 .00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT I	REPORT FOR JAN	1 2004 THRU	DEC 2004	PAGE 6,326
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

MOP024
MADERA COUNTY FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

MADEINA COUNTI	DOMINANT OF DERVICED F	ON INCA ALIEN.	o AlD (30DED 31 32 30	57		
					MON'	THLY AVERAC	SE
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR D	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURE	S MONTH-O	F-PAYMENT REPO	ORT FOR JAN 20	004 THRU DEC	2004	PAGE 6,327
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	IRCA ALI	ENS	AID COI	DES 51 52 56 5	57		
					-	MONT	HLY AVERAG	E

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-OF	-PAYMENT RE	PORT	FOR JAN 2004	THRU	DEC 200) 4	PAGE	6 , 328
MOP024	FEE-FOR-SERVICE/DENTAL									03	/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	IRCA ALI	ENS	AID C	CODES	51 52 56 57					

MADERA COUNTI	SUMMARI OF SER	VICES FOR IRCA ALIENS	AID (CODES 31 32 36	3 /		
					MONT	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

03/14/05

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,329 MOP024 FEE-FOR-SERVICE/DENTAL

MADERA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

MADERA COUNTI	SOMMANT OF SER	VICES FOR MI/MN ALLEI	WILLIOOT SIS AID (JODE 33 36 3F			
	MONTHLY AVERAG						
6,207 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2 , 777	16 , 234 \$	2,076,362.47	\$ 127.90	2.615 \$	747.70	\$ 334.52
@PHYSICIANS SERVICES	1,240	4,068 \$	320,356.93	\$ 78.75	.655 \$	258.35	\$ 51.61
OUTPATIENT VISITS	734	1,689	84,816.28	50.22	.272	115.55	13.66
OFFICE VISITS	135	161	5,807.62	36.07	.026	43.02	.94
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	180	201	12,392.93	61.66	.032	68.85	2.00
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.01
OB VISITS/COMPRE PERI	468	1,316	66,248.21	50.34	.212	141.56	10.67
OTHER OUTPATIENT	9	10	332.83	33.28	.002	36.98	.05
INPATIENT VISITS	185	483	26,345.03	54.54	.078	142.41	4.24
HOSPITAL VISITS	167	395	16,304.93	41.28	.064	97.63	2.63
CRITICAL CARE	13	76	9,680.40	127.37	.012	744.65	1.56
SNF/ICF/TRANS IP CARE	9	12	359.70	29.98	.002	39.97	.06
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.01
EXAMINATIONS	1	1	46.44	46.44	.000	46.44	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	320	763	173 , 969.86	228.01	.123	543.66	28.03
PRINCIPAL SURGEON	250	280	153,954.82	549.84	.045	615.82	24.80
ASSISTANT SURGEON	44	43	7 , 657.92	178.09	.007	174.04	1.23
ANESTHESIOLOGIST	70	440	12,357.12	28.08	.071	176.53	1.99
OUTPATIENT SURGERY	53	108	5,370.04	49.72	.017	101.32	.87
PRINCIPAL SURGEON	49	62	4,664.31	75.23	.010	95.19	.75

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	10	46		705.73		15.34	.007		70.57		.11
DIALYSIS	4	5		1,125.20		225.04	.001		281.30		.18
PATHOLOGY	225	376		6,517.37		17.33	.061		28.97		1.05
RADIOLOGY	288	443		14,107.04		31.84	.071		48.98		2.27
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	33	36		1,526.45		42.40	.006		46.26		.25
OTHER SERVICES/ALL X-OVERS	115	164		6,533.22		39.84	.026		56.81		1.05
@PHARMACY	1,113	2,633	\$	119,829.85	\$	45.51	.424	\$	107.66	\$	19.31
PRESCRIPTION DRUGS	1,098	2,538		114,976.21		45.30	.409		104.71		18.52
SNF/ICF	18	119		4,544.07		38.19	.019		252.45		.73
OUTPATIENTS	1,080	2,419		110,432.14		45.65	.390		102.25		17.79
MEDICAL SUPPLIES	54	95		4,853.64		51.09	.015		89.88		.78
@DENTIST	47	212	\$	1,964.60	\$	9.27	.034	\$	41.80	\$.32
VISITS - DIAGNOSTIC	37	161		916.60		5.69	.026		24.77		.15
ORAL SURGERY	17	19		1,000.00		52.63	.003		58.82		.16
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		.00		.00	.000		.00		.00
ENDODONTICS	2	2		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	10	27		48.00		1.78	.004		4.80		.01
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	2	2		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	IONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2004 THRU	DEC	2004	PA	GE 6,330
MOP024	FEE-FOR-SERVICE/DE										03/14/05
MADERA COUNTY	SUMMARY OF SERVICE	S FOR MI/MN	ALIEN	WITHOUT SIS AID	CODE	55 58 5F					

111122111 0001111	2011111111 01 211111	020 2011 11171111			0022	. 00 00 01	M	тио	HLY AVERA	GE	
6,207 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY		COST PER		COST PER
.,		OR DAYS OF CAR				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.000	\$	104.99	\$.02
NURSE ANESTHESIST	3	34	\$	567.81	\$	16.70	.005	\$	189.27	\$.09
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	954	3,814	\$	1,138,765.83	\$	298.58	.614	\$	1193.67	\$	183.46
HOSP INPATIENT TOTAL	248	1,017		1,075,306.86		1057.33	.164		4335.91		173.24
HSC HOSPITALS	133	453		618,454.42		1365.24	.073		4650.03		99.64
NON-HSC HOSPITAL TOTAL	118	564		456,852.44		810.02	.091		3871.63		73.60
ACCOMMODATIONS	118	564		161,936.95		287.12	.091		1372.35		26.09

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	118	564		161,936.95	287.12	.091	1372.35	26.09
ANCILLARIES	118	0		294,915.49		.000	2499.28	47.51
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL		2 , 797		63,458.97	22.69	.451	79.82	10.22
MEDICAL	795 54	73		2,626.39	35.98	.012	48.64	.42
SURGERY	51	7.0		2,020.39	29.01	.012	44.94	.37
		1,429						
PATHOLOGY	411	1,429		14,710.15	10.29	.230	35.79	2.37
RADIOLOGY	142	1/2		12,775.75	74.28	.028	89.97	2.06
ROOM USE	359	500		18,738.79	37.48	.081	52.20	3.02
CROSSOVERS/ALL OTH OUTPTNT	339	544		12,315.89	22.64	.088	36.33	1.98
@COUNTY HOSPITAL TOTAL	11	90	\$		\$ 821.65	.014	6722.59	
CO HOSPITAL INPATIENT TOTAL		73		73,565.01		.012	12260.84	11.85
HSC HOSPITALS	g .	73		73,565.01	1007.74	.012	12260.84	11.85
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00 .00 .00 .00 .00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	17		.00 383.49	22.56	.003	63.92	.06
MEDICAL	1	1		64.47	64.47	.000	64.47	.01
	0	0		.00	.00	.000	.00	.00
SURGERY	3	8						
PATHOLOGY	3 1	8		89.45	11.18	.001	29.82	.01
RADIOLOGY		2		45.47	22.74	.000	45.47	.01
ROOM USE	2	2		88.15	44.08	.000	44.08	.01
CROSSOVERS/ALL OTH OUTPINT		4		95.95	23.99	.001	23.99	.02
	MEDI-CAL SERVICES		RES M	ONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DE	EC 2004	
	FEE-FOR-SERVICE/D							03/14/05
MADERA COUNTY	SUMMARY OF SERVICE	ES FOR MI/MN 2	ALIEN	WITHOUT SIS AID	CODE 55 58 5F			
						MON	ITHLY AVERA	GE
6,207 ELIGIBLES	USERS U	NITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	(OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	943	3,724	\$	1,064,817.33	\$ 285.93	.600	1129.18	\$ 171.55
	242	944	•	1,001,741.85		.152	4139.43	161.39
HSC HOSPITALS	127	380		544,889.41	1061.17 1433.92	.061	4290.47	87.79
	118	564		456,852.44		.091	3871.63	73.60
		564		161,936.95	287.12	.091	1372.35	26.09
ADMINISTRATIVE DAYS	110	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	118 0 0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	118	564		161 036 05	.00 287.12	.000	1372.35	26.09
ALL OTHER ACCOM	118	0		.00 161,936.95 294.915.49	201.12			
ANCILLARIES	118	0		294,915.49	• • •	.000	2499.28	47.51

0

72

79

2,780

1,421

170

498

540

0

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPINT

0

789

53

51

408

141

357

335

0

ALL OTHER INPATIENT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

ROOM USE

.00

.00

22.69

35.58

29.01

10.29

74.88

37.45

22.63

.00

.000

.000

.448

.012

.013

.229

.027

.080

.087

.000 \$

.00

.00

79.94

48.34

44.94

35.84

90.29

52.24

36.48

.00 \$

.00

.00

.41

.37 2.36

2.05

3.00

1.97

.00

10.16

.00

.00

.00

\$

63,075.48

2,561.92

2,292.00

14,620.70

12,730.28

18,650.64

12,219.94

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	13	493	\$	60,453.08	\$	122.62	.079	\$	4650.24	\$	9.74
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	13	493		60,453.08		122.62	.079		4650.24		9.74
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	11	35	\$	22,266.57	\$	636.19	.006	\$	2024.23	\$	3.59
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	11	35		22,266.57		636.19	.006		2024.23		3.59
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	560	1,702	\$	27,627.16	\$	16.23	.274	\$	49.33	\$	4.45
PATHOLOGY	557	1,698		27,389.16		16.13	.274		49.17		4.41
XO AND OTHERS	4	4		238.00		59.50	.001		59.50		.04
@ORGANIZED OUTPATIENT CLINIC	1,050	2,388	\$	361,007.53	\$	151.18	.385	\$	343.82	\$	58.16
CLINIC	185	374		21,307.87		56.97	.060		115.18		3.43
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	988	2,014		339,699.66		168.67	.324		343.83		54.73
#CALIF DEPT OF HEALTH SERV			JRES M	ONTH-OF-PAYMENT R	EPORT			DEC		Р	AGE 6,332
MOP024	FEE-FOR-SERVICE	/DENTAL									
MOP024 MADERA COUNTY		•		WITHOUT SIS AID		55 58 5F					03/14/05
MOP024 MADERA COUNTY		•				55 58 5F	M				03/14/05
MADERA COUNTY		TICES FOR MI/MN	ALIEN		CODE		M	ONT		.GE	03/14/05
	SUMMARY OF SERV	•	ALIEN CE	WITHOUT SIS AID	CODE AVI	ERAGE COST		ONT S	'HLY AVERA	.GE	03/14/05
MADERA COUNTY	SUMMARY OF SERV	VICES FOR MI/MN UNITS OF SERVIC	ALIEN CE	WITHOUT SIS AID	CODE AVI	ERAGE COST	M UNITS/DAY	ONT	HLY AVERA	.GE	03/14/05 COST PER
MADERA COUNTY 6,207 ELIGIBLES	SUMMARY OF SERV	VICES FOR MI/MN UNITS OF SERVIC OR DAYS OF CAR	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES	CODE AVI PEI	ERAGE COST R UNIT/DAY	M UNITS/DAY PER ELIG	ONT	'HLY AVERA COST PER USER	.GE	03/14/05 COST PER ELIGIBLE
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERV USERS 190	TICES FOR MI/MN UNITS OF SERVIC OR DAYS OF CAR 853	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45	M UNITS/DAY PER ELIG .137	ONT	HLY AVERA COST PER USER 123.25	.GE	03/14/05 COST PER ELIGIBLE 3.77
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERV USERS 190 2	TICES FOR MI/MN UNITS OF SERVIC OR DAYS OF CAR 853 2	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00	M UNITS/DAY PER ELIG .137 .000	ONT	CHLY AVERA COST PER USER 123.25 144.29	.GE	03/14/05 COST PER ELIGIBLE 3.77 .05 .00
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV USERS 190 2 0	TICES FOR MI/MN UNITS OF SERVIC OR DAYS OF CAR 853 2 0	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00	M UNITS/DAY PER ELIG .137 .000	ONT	CHLY AVERA COST PER USER 123.25 144.29 .00	.GE	03/14/05
MADERA COUNTY 6,207 ELIGIBLES CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERV USERS 190 2 0	TICES FOR MI/MN UNITS OF SERVIC OR DAYS OF CAR 853 2 0 0	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00	M UNITS/DAY PER ELIG .137 .000 .000	ONT	CHLY AVERA COST PER USER 123.25 144.29 .00	.GE	03/14/05
MADERA COUNTY 6,207 ELIGIBLES CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERV USERS 190 2 0 0 0 58	TICES FOR MI/MN UNITS OF SERVIC OR DAYS OF CAR 853 2 0 0 717	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80	M UNITS/DAY PER ELIG .137 .000 .000 .000	ONT	CHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20	.GE	03/14/05
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERV USERS 190 2 0 0 0 58 57	VICES FOR MI/MN UNITS OF SERVIC OR DAYS OF CAR 853 2 0 0 717 715	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48 .00	M UNITS/DAY PER ELIG .137 .000 .000 .000	ONT	CHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02	.GE	03/14/05
MADERA COUNTY 6,207 ELIGIBLES CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERV USERS 190 2 0 0 0 58 57 0	VICES FOR MI/MN UNITS OF SERVIC OR DAYS OF CAR 853 2 0 0 717 715 0	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26 .00	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48	M UNITS/DAY PER ELIG .137 .000 .000 .000 .116 .115	ONT	CHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02 .00	.GE	03/14/05 COST PER ELIGIBLE 3.77 .05 .00 .00 1.48 1.32 .00
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERV USERS 190 2 0 0 58 57 0 2	VICES FOR MI/MN UNITS OF SERVIC OR DAYS OF CAR 853 2 0 0 717 715 0 2	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26 .00 966.13	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48 .00 483.07 .00	M UNITS/DAY PER ELIG .137 .000 .000 .000 .116 .115 .000 .000	ONT	CHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02 .00 483.07	.GE	03/14/05 COST PER ELIGIBLE 3.77 .05 .00 .00 1.48 1.32 .00 .16 .00
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	SUMMARY OF SERV USERS 190 2 0 0 58 57 0 2 0 0	UNITS OF SERVICOR DAYS OF CARES 853 2 0 0 717 715 0 2 0 0 0	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26 .00 966.13 .00 .00	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48 .00 483.07	M UNITS/DAY PER ELIG .137 .000 .000 .000 .116 .115 .000 .000	ONT	CHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02 .00 483.07 .00 .00	.GE	03/14/05
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS 190 2 0 0 58 57 0 2 0 0	VICES FOR MI/MN UNITS OF SERVIC OR DAYS OF CAR 853 2 0 0 717 715 0 2 0	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26 .00 966.13 .00	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48 .00 483.07 .00 .00	M UNITS/DAY PER ELIG .137 .000 .000 .000 .116 .115 .000 .000	ONT	CHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02 .00 483.07 .00	.GE	03/14/05 COST PER ELIGIBLE 3.77 .05 .00 .00 1.48 1.32 .00 .16 .00
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	SUMMARY OF SERV USERS 190 2 0 0 58 57 0 2 0 0 130	UNITS OF SERVICOR DAYS OF CARES 853 2 0 0 717 715 0 2 0 0 0 132	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26 .00 966.13 .00 .00 13,860.00 .00	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48 .00 483.07 .00 .00 105.00 .00	M UNITS/DAY PER ELIG .137 .000 .000 .000 .116 .115 .000 .000 .000	ONT	PHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02 .00 483.07 .00 .00 106.62 .00	.GE	03/14/05 COST PER ELIGIBLE 3.77 .05 .00 .00 1.48 1.32 .00 .16 .00 .00 2.23 .00
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS 190 2 0 0 58 57 0 2 0 130 0	UNITS OF SERVICOR DAYS OF CAR 853 2 0 0 717 715 0 2 2 0 0 132 0 0 0	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26 .00 966.13 .00 .00 13,860.00 .00 .00	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48 .00 483.07 .00 .00 105.00 .00	M UNITS/DAY PER ELIG .137 .000 .000 .000 .116 .115 .000 .000 .000 .000	ONT	CHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02 .00 483.07 .00 .00 106.62 .00 .00	.GE	03/14/05 COST PER ELIGIBLE 3.77 .05 .00 .00 1.48 1.32 .00 .16 .00 .00 2.23 .00 .00
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS 190 2 0 0 58 57 0 2 0 130 0 0 0 0	UNITS OF SERVICOR DAYS OF CAR 853 2 0 0 717 715 0 2 0 0 132 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26 .00 966.13 .00 .00 13,860.00 .00 .00 .00	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48 .00 483.07 .00 .00 105.00 .00 .00	M UNITS/DAY PER ELIG .137 .000 .000 .016 .115 .000 .000 .000 .000 .021 .000 .000	ONT	PHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02 .00 483.07 .00 .00 106.62 .00 .00 .00	.GE	03/14/05 COST PER ELIGIBLE 3.77 .05 .00 .00 1.48 1.32 .00 .16 .00 .00 2.23 .00 .00 .00
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	USERS 190 2 0 0 58 57 0 2 0 130 0	UNITS OF SERVICOR DAYS OF CAR 853 2 0 0 0 717 715 0 2 2 0 0 0 132 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26 .00 966.13 .00 .00 13,860.00 .00 .00 .00 .00 .00 .00	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48 .00 483.07 .00 .00 105.00 .00 .00 .00	M UNITS/DAY PER ELIG .137 .000 .000 .000 .116 .115 .000 .000 .000 .000 .021 .000 .000	ONT	PHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02 .00 483.07 .00 .00 106.62 .00 .00 .00 .00	.GE	03/14/05 COST PER ELIGIBLE 3.77 .05 .00 .00 1.48 1.32 .00 .16 .00 .00 2.23 .00 .00 .00 .00 .00
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	USERS 190 2 0 0 58 57 0 2 0 130 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICOR DAYS OF CAR 853 2 0 0 0 717 715 0 2 2 0 0 0 132 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26 .00 966.13 .00 13,860.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48 .00 483.07 .00 .00 105.00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .137 .000 .000 .000 .116 .115 .000 .000 .000 .000 .021 .000 .000	ONT	PHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02 .00 483.07 .00 .00 106.62 .00 .00 .00 .00 .00 .00 .00	.GE	03/14/05 COST PER ELIGIBLE 3.77 .05 .00 .00 1.48 1.32 .00 .16 .00 .00 2.23 .00 .00 .00 .00 .00 .00 .00 .00
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	USERS 190 2 0 0 58 57 0 2 0 130 0 0 0 0 0	UNITS OF SERVICOR DAYS OF CAR 853 2 0 0 0 717 715 0 2 2 0 0 0 0 132 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26 .00 966.13 .00 .00 13,860.00 .00 .00 .00 .00 .00 .00	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48 .00 483.07 .00 .00 105.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .137 .000 .000 .000 .116 .115 .000 .000 .000 .000 .000 .000	ONT	PHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02 .00 483.07 .00 .00 106.62 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE	03/14/05 COST PER ELIGIBLE 3.77 .05 .00 .00 1.48 1.32 .00 .16 .00 .00 2.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	USERS 190 2 0 0 58 57 0 2 0 130 0 0 0 130 0 0 130 1	UNITS OF SERVICOR DAYS OF CAR 853 2 0 0 0 717 715 0 2 2 0 0 0 132 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26 .00 966.13 .00 .00 13,860.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48 .00 483.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .137 .000 .000 .000 .116 .115 .000 .000 .000 .000 .000 .000 .000	ONT	CHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02 .00 483.07 .00 .00 106.62 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE	03/14/05 COST PER ELIGIBLE 3.77 .05 .00 .00 1.48 1.32 .00 .16 .00 .00 2.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	SUMMARY OF SERV USERS 190 2 0 0 58 57 0 2 0 0 130 0 0 0 0 11 1	UNITS OF SERVICOR DAYS OF CAR 853 2 0 0 0 717 715 0 2 2 0 0 0 0 132 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26 .00 966.13 .00 .00 13,860.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48 .00 483.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .137 .000 .000 .000 .116 .115 .000 .000 .000 .000 .000 .000	ONT	CHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02 .00 483.07 .00 .00 106.62 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE	03/14/05 COST PER ELIGIBLE 3.77 .05 .00 .00 1.48 1.32 .00 .16 .00 .00 2.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS 190 2 0 0 58 57 0 2 0 130 0 0 130 0 0 11 1	UNITS OF SERVICOR DAYS OF CARREST 853 2 0 0 0 7177 715 0 2 2 0 0 0 0 132 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26 .00 966.13 .00 .00 13,860.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48 .00 483.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .137 .000 .000 .000 .116 .115 .000 .000 .000 .000 .000 .000 .000	ONT	CHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02 .00 483.07 .00 .00 106.62 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE	03/14/05
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	USERS 190 2 0 0 58 57 0 2 0 0 130 0 0 130 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICOR DAYS OF CARREST OF SERVICOR DAYS OF CARREST OF SERVICOR DAYS OF CARREST OF SERVICOR	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26 .00 966.13 .00 .00 13,860.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48 .00 483.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .137 .000 .000 .000 .116 .115 .000 .000 .000 .000 .000 .000 .000	ONT	PHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02 .00 483.07 .00 .00 106.62 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE	03/14/05
MADERA COUNTY 6,207 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 190 2 0 0 58 57 0 2 0 0 130 0 0 130 0 0 11 1 0 0 0	UNITS OF SERVICOR DAYS OF CARREST OF SERVICOR DAYS OF CARREST OF SERVICOR DAYS OF CARREST OF CARRES	ALIEN CE RE	WITHOUT SIS AID EXPENDITURES 23,418.12 288.57 .00 .00 9,175.39 8,209.26 .00 966.13 .00 .00 13,860.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AVI PEI	ERAGE COST R UNIT/DAY 27.45 144.29 .00 .00 12.80 11.48 .00 483.07 .00 .00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .137 .000 .000 .000 .116 .115 .000 .000 .000 .000 .000 .000 .000	ONT	CHLY AVERA COST PER USER 123.25 144.29 .00 .00 158.20 144.02 .00 483.07 .00 .00 106.62 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE	03/14/05

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	30	1,775	\$ 99,501.34	\$ 56.06	.286	\$ 3316.71	\$ 16.03
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{0*} Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,333 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 04
Table Users
PROVIDERS 2 2 5 194.96 5 97.48 1.54 5 97.48 5 1.50 PHYSICIANS SERVICES 0 0 5 0.00 5 0.00 5 0.00 OUTPATIENT VISITS 0 0 0 0.00 0.00 0.00 0.00 0.00 OFFICE VISITS 0 0 0 0.00 0.00 0.00 0.00 0.00 HOME VISITS 0 0 0 0.00 0.00 0.00 0.00 0.00 EMERGENCY ROOM 0 0 0.00 0.00 0.00 0.00 0.00 PREVENTIVE CARE 0 0 0 0.00 0.00 0.00 0.00 0.00 OB VISITS/COMPRE PERI 0 0 0 0.00 0.00 0.00 0.00 0.00 OTHER OUTPATIENT 0 0 0 0.00 0.00 0.00 0.00 0.00 HOSPITAL VISITS 0 0 0 0.00 0.00 0.00 0.00 0.00 HOSPITAL VISITS 0 0 0 0.00 0.00 0.00 0.00 0.00 CRITICAL CARE 0 0 0.00 0.00 0.00 0.00 0.00 SNF/ICE/TRANS IP CARE 0 0 0.00 0.00 0.00 0.00 0.00 OPHTHALMOLOGICAL SERVICES 0 0 0.00 0.00 0.00 0.00 0.00 SEXULCES AND MATERIALS 0 0 0.00 0.00 0.00 0.00 0.00 SEXULCES AND MATERIALS 0 0 0.00 0.00 0.00 0.00 0.00 ANSISTANT SURGEON 0 0 0.00 0.00 0.00 0.00 0.00 PRINCIPAL SURGEON 0 0 0.00 0.00 0.00 0.00 0.00 0.00 ANSISTANT SURGEON 0 0 0.00 0.00 0.00 0.00 0.00 ANSISTANT SURGEON 0 0 0.00 0.00 0.00 0.00 0.00 ANSISTANT SURGEON 0 0 0.00 0.00 0.00 0.00 0.00 0.00 ANSISTANT SURGEON 0 0 0.00 0.00 0.00 0.00 0.00 0.00 ANSISTANT SURGEON 0 0 0.00 0.00 0.00 0.00 0.00 0.00 ANSISTANT SURGEON 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 ANSISTANT SURGEON 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 ANSISTANT SURGEON 0 0 0.00 0.
PHYSICIANS SERVICES
OUTPATIENT VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
OFFICE VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
HOME VISITS
EMERGENCY ROOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
PREVENTIVE CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
OB VISITS/COMPRE PERI 0 0 .00
OTHER OUTPATIENT 0 0 .00 <t< td=""></t<>
INPATIENT VISITS
HOSPITAL VISITS 0 0 .00 <td< td=""></td<>
CRITICAL CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
SNF/ICF/TRANS IP CARE 0 0 .00
OPHTHALMOLOGICAL SERVICES 0 0 .00
EXAMINATIONS 0 0 .00
SERVICES AND MATERIALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
INPATIENT HOSPITAL SURGERY 0 0 .00
PRINCIPAL SURGEON 0 0 .00 <
ASSISTANT SURGEON 0 0 0 0 0 00 00 000 000 000 000 000 0
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
OUTPATIENT SURGERY 0 0 .00
PRINCIPAL SURGEON 0 0 .00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00
11112011112010101
DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00
PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 .00
OTHER SERVICES/ALL X-OVERS 0 0 .00 .00 .00 .00 .00 .00
@PHARMACY 0 0 \$.00 \$.00 \$.00 \$.00
PRESCRIPTION DRUGS 0 0 .00 .00 .00 .00 .00 .00
SNF/ICF 0 0 0 .00 .00 .00 .00 .00 .00
OUTPATIENTS 0 0 0 .00 .00 .00 .00 .00 .00
MEDICAL SUPPLIES 0 0 0 .00 .00 .00 .00 .00
@DENTIST 0 0 \$.00 \$.00 \$.00 \$.00
VISITS - DIAGNOSTIC 0 0 .00 .00 .00 .00 .00 .00
ORAL SURGERY 0 0 .00 .00 .00 .00 .00 .00
DRUGS 0 0 .00 .00 .00 .00 .00 .00
ANESTHESIA 0 0 .00 .00 .00 .00 .00

PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXE	PENDITURE	S MON	TH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	EC 2004	PA	GE 6,334
MOP024	FEE-FOR-SERVICE/	DENTAL								03/14/05
MADERA COUNTY	SUMMARY OF SERVI	CES FOR	REFUGEES	5	AID C	CODES 01 02 08	0A			
							MON	THLY AVERA	GE -	
13 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	Ε	LIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000	.00		.00
EYE APPLIANCES	0		0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	.00	\$.00
VISITS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000	.00		.00
SURGERY/ANES.	0		0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000	.00		.00
OTHER	0		0		.00	.00	.000	.00		.00
GHOME HEALTH ACENCY	Ω		Ω	Ś	0.0	\$ 00	000 9	3 00	Ś	$\cap \cap$

0

0

0

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0

\$ \$ \$

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

.00 \$

.00 \$

.00 \$

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.000 \$

.000 \$

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.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0	.00	.00	.000	.00	.00
HOSP INPATIENT TOTAL	0						
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	Ū	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					.00
NON-HSC HOSPITALS TOTAL	U	U	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Ô	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	Ô	Û	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	_					
		CES AND EXPENDITURES MO	NTH-OF-PAIMENT RI	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,335
MOP024	FEE-FOR-SERVICE						03/14/05
MADERA COUNTY	SUMMARY OF SERV	VICES FOR REFUGEES	AID (CODES 01 02 08			
					MON	THLY AVERA	GE
13 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0				.00	
HSC HOSPITALS	•		.00	.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	Ü	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	0	0									.00
CROSSOVERS/ALL OTH OUTPTNT	U			.00		.00	.000		.00		
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE HSPTL BASED	U	U		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.000	ċ	.00	\$.00
@HEMODIALYSIS TOTAL	0		Ą		Ą	.00		ş		Ą	
HOSPITAL BASED	Ü	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
PATHOLOGY	0	0	т	.00	т	.00	.000	Τ.	.00	т	.00
	0	0									
XO AND OTHERS	0		<u> </u>	.00	<u>^</u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	194.96	\$	97.48	.154	Ş	97.48	\$	15.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	2		194.96		97.48	.154		97.48		15.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2004 THRU	DEC		P.A	AGE 6,336
MOP024	FEE-FOR-SERVICE										03/14/05
MADERA COUNTY		ICES FOR REFUGEE		X T D	CODES	01 02 08	0.7\				03/11/03
MADERA COUNTI	SOMMANT OF SERV	ICES FOR REFOGEE	10	AID	CODES	01 02 00		r A I I I I		C E	
10 5 5 5 5 5					3.7.7		M				
13 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	Ô	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
	0	0									
OTHER TRANS	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
	0	0									
PHYSICAL THERAPIST				.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00

PROSTHETICS	0	0	.00	.00	.000	.0)	.00
ORTHOTICS	0	0	.00	.00	.000	.0	C	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.0	0	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.0	C	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.0	0	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	C	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.0	0	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	C	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	C	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	C	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.0	C	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.0) \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.0) \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,337

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

					MON	THLY AVERAG	E
104 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	201	5,936 \$	226,111.33	\$ 38.09	57.077 \$	1124.93	\$ 2174.15
@PHYSICIANS SERVICES	127	4,304 \$	124,949.86	\$ 29.03	41.385 \$	983.86	\$ 1201.44
OUTPATIENT VISITS	90	183	4,718.69	25.79	1.760	52.43	45.37
OFFICE VISITS	86	178	4,401.87	24.73	1.712	51.18	42.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	289.38	72.35	.038	72.35	2.78
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	27.44	27.44	.010	27.44	.26
INPATIENT VISITS	1	1	4.85	4.85	.010	4.85	.05
HOSPITAL VISITS	1	1	4.85	4.85	.010	4.85	.05
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	72.29	36.15	.019	36.15	.70
EXAMINATIONS	2	2	72.29	36.15	.019	36.15	.70
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	24	1,543.34	64.31	.231	308.67	14.84
PRINCIPAL SURGEON	3	3	1,109.87	369.96	.029	369.96	10.67
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	21	433.47	20.64	.202	216.74	4.17
OUTPATIENT SURGERY	17	42	2,529.24	60.22	.404	148.78	24.32
PRINCIPAL SURGEON	14	25	2,101.23	84.05	.240	150.09	20.20
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	17	428.01	25.18	.163	107.00	4.12
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	61	341	•	11.09	3.279		36.36
RADIOLOGY	47	237	17,083.48	72.08	2.279		164.26
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	34	3 , 239	90,731.13	28.01	31.144		872.41
OTHER SERVICES/ALL X-OVERS	47	235	4,485.60		2.260		43.13
@PHARMACY	122	387 \$	27 , 985.09		3.721 \$		•
PRESCRIPTION DRUGS	122	387	27 , 985.09	72.31			269.09
SNF/ICF	0	0	.00		.000		.00
OUTPATIENTS	122	387	27 , 985.09	72.31	3.721	229.39	269.09

MEDICAL SUPPLIES	0		0		.00)	.00	.000		.00		.00
@DENTIST	10		85	\$	3,393.00) \$	39.92	.817	\$	339.30	\$	32.63
VISITS - DIAGNOSTIC	6		54		412.00		7.63	.519	•	68.67	•	3.96
ORAL SURGERY	2		2		130.00)	65.00	.019		65.00		1.25
DRUGS	0		0		.00)	.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	2		2		173.00		86.50	.019		86.50		1.66
ENDODONTICS	1		2		520.00		260.00	.019		520.00		5.00
RESTORATIVE DENTISTRY	7		25		2,158.00		86.32	.240		308.29		20.75
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EX	PENDITI	IRES MONT					DEC		P	AGE 6,338
MOP024	FEE-FOR-SERVICE/		LDIVDII	710111	11 01 1111111111	111101	(1 101(0111)	2001 111110	DLO	2001		03/14/05
MADERA COUNTY	SUMMARY OF SERVI		всстр-	-FEDERAL		ATD (CODES OM ON	I OP				03/11/03
THIBBINT COONTY		OLD TOIL	DOOII	LEDERGIE		11110 (00000 011 01	M	ОИТ	HLY AVERA	GE	
104 ELIGIBLES	USERS	UNITS OF	SERVIC	TE.	EXPENDITURES	7A 8	ERAGE COST	UNITS/DAY		COST PER		COST PER
IOT ELICIBEDO	ODERO	OR DAYS			DITT BIND I TORDE			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4	011 21110	9	s	230.30		25.59	.087		57.58		2.21
DIAGNOSTIC AND ANC. PROCED	3		3	4	134.34		44.78	.029	-1	44.78	т.	1.29
EYE APPLIANCES	2		6		95.96		15.99	.058		47.98		.92
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	Ś	.00		.00	.000	Ś	.00	Ś	.00
VISITS	0		0	4	.00		.00	.000	-1	.00	т.	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	Ś	.00		.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0		0	т	.00		.00	.000	т	.00	Τ	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	Ś	.00		.00	.000	\$.00	Ś	.00
NURSE ANESTHESIST	0		0	\$.00		.00	.000	Ś	.00	Ś	.00
NURSE MIDWIFE	0		0	\$.00		.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00		.00	.000	\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	0		0	Ś	.00		.00	.000	\$.00	Ś	.00
@TOTAL HOSPITAL	70		948	Ś	56,011.24		59.08	9.115	Ś	800.16	Ś	538.57
HOSP INPATIENT TOTAL	5		10	4	11,814.41		1181.44	.096	7	2362.88	т.	113.60
HSC HOSPITALS	4		7		6,257.00		893.86	.067		1564.25		60.16
NON-HSC HOSPITAL TOTAL	1		3		5,557.41		1852.47	.029		5557.41		53.44
ACCOMMODATIONS	1		3		956.25		318.75	.029		956.25		9.19
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		3		956.25		318.75	.029		956.25		9.19
ANCILLARIES	1		0		4,601.16		.00	.000		4601.16		44.24
THETHERE	<u> </u>		0		1,001.10		.00	.000		1001.10		

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19,233.08

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457.93

80.74

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3.28

3.28

14.98

25.62

184.93

424.97

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPTNT 19 510 20,059.61 39.33 4.904 1055.77	192.88
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	.00
HSC HOSPITALS 0 0 .00 .00 .00 .00	.00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00	.00
ANCILLARIES 0 0 0 .00 .00 .00 .00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00	.00
MEDICAL 0 0 .00 .00 .00 .00	.00
SURGERY 0 0 0 .00 .00 .00 .00	.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
RADIOLOGY 0 0 .00 .00 .00 .00	.00
ROOM USE 0 0 .00 .00 .00 .00	.00
CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	AGE 6,339
MOP024 FEE-FOR-SERVICE/DENTAL	03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P	
MONTHLY AVERAGE ·	
	COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL 70 948 \$ 56,011.24 \$ 59.08 9.115 \$ 800.16 \$	538.57
COMM HOSP INPATIENT TOTAL 5 10 11,814.41 1181.44 .096 2362.88	113.60
HSC HOSPITALS 4 7 6,257.00 893.86 .067 1564.25	60.16
NON-HSC HOSPITALS TOTAL 1 3 5,557.41 1852.47 .029 5557.41	53.44
ACCOMMODATIONS 1 3 956.25 318.75 .029 956.25	9.19
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00	.00

ALL OTHER ACCOM	1	3		956.25		318.75	.029		956.25		9.19
ANCILLARIES	1	0		4,601.16		.00	.000		4601.16		44.24
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	68	938		44,196.83		47.12	9.019		649.95		424.97
MEDICAL	6	10		340.67		34.07	.096		56.78		3.28
SURGERY	5	5		341.02		68.20	.048		68.20		3.28
PATHOLOGY	26	118		1,558.18		13.20	1.135		59.93		14.98
RADIOLOGY	42	238		19,233.08		80.81	2.288		457.93		184.93
ROOM USE	33	57		2,664.27		46.74	.548		80.74		25.62
CROSSOVERS/ALL OTH OUTPTNT	19	510		20,059.61		39.33	4.904		1055.77		192.88
@STATE HOSPITAL	0	0		.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0		.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0		.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0		.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	18		354.72	\$	19.71	.173	Ş	177.36	Ş	3.41
HOSPITAL BASED	2	18		354.72		19.71	.173		177.36		3.41
INDEPENDENT FACILITY	0	0		.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	15	58		509.86	\$	8.79	.558	Ş	33.99	Ş	4.90
PATHOLOGY	15	58		509.86		8.79	.558		33.99		4.90
XO AND OTHERS	0	0		.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@ORGANIZED OUTPATIENT CLINIC	4 6 0	66		10,693.08	\$	162.02	.635	\$	232.46	\$	102.82
CLINIC	0	0 10		.00		.00	.000		.00		.00
SURGICENTER	0	10		356.42 .00		35.64	.096		178.21		3.43
HEROIN DETOX CLINIC	44	56				.00 184.58	.000		.00 234.92		.00 99.39
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES			10,336.66			.538	DEC		ъ.	
MOP024	FEE-FOR-SERVICE/I		TURES MO	NIH-OF-PAIMENI R	EPORI	FOR JAN	2004 IRKU	DEC	2004	P	AGE 6,340 03/14/05
MADERA COUNTY	SUMMARY OF SERVICE/I		DX	т л	TD CC	DES OM ON	ΛÞ				03/14/03
MADERA COUNTI	SOMMAN OF SERVIC	LES FOR DCCI	r redena	ь л	IID CC	DES ON ON	M	⊓МТ	HIV AVERA	CF .	
104 ELIGIBLES	USERS (JNITS OF SERV	TCF	EXPENDITURES	7/1/2	RACE COST	UNITS/DAY				COST PER
TOT EDICIDED		OR DAYS OF C		EXTENDITORES			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	12	61		1,984.18	\$	32.53	.587		165.35		19.08
	0	0		.00			.000				
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	3	38		401.90		10.58	.365		133.97		3.86
AMBULANCES/AIR TRANS	3	38		401.90		10.58	.365		133.97		3.86
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
	· ·	0		• 0 0		• • • •	• • • • •		• • • •		• • •

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	111.52	11.15	.096	22.30	1.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	13	1,470.76	113.14	.125	367.69	14.14
PROSTHETICS	4	13	1,470.76	113.14	.125	367.69	14.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	17	\$ 1,039.56	\$ 61.15	.163	\$ 1039.56	\$ 10.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,341
MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

----- MONTHLY AVERAGE -----36 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 92 28.250 \$ 842.52 \$ 2153.10 @TOTAL, ALL PROVIDERS 1,017 77,511.52 \$ 76.22 26,567.03 \$ @PHYSICIANS SERVICES 34 269 98.76 7.472 \$ 781.38 \$ 737.97 22 32 957.10 29.91 .889 43.50 OUTPATIENT VISITS 26.59 21 937.90 30.25 44.66 OFFICE VISITS .861 26.05 .00 HOME VISITS 0 .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .000 .00 .00 .00 .00 .00 .000 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 19.20 OTHER OUTPATIENT 19.20 .028 19.20 .53 .00 .00 .000 .00 .00 INPATIENT VISITS .00 HOSPITAL VISITS .00 .000 .00 .00 .00 CRITICAL CARE .00 .000 .00 .00 .00 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 EXAMINATIONS .000 .00 .00 .00 .00 SERVICES AND MATERIALS .00 .000 .00 495.78 INPATIENT HOSPITAL SURGERY 1,983.10 .111 661.03 55.09 606.99 1,820.96 .083 606.99 50.58 PRINCIPAL SURGEON 162.14 162.14 .028 162.14 ASSISTANT SURGEON ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 OUTPATIENT SURGERY 13 1,617.26 124.40 .361 202.16 44.92 13 124.40 202.16 44.92 PRINCIPAL SURGEON 1,617.26 .361 .00 ASSISTANT SURGEON 0 .00 .00 .000 .00 0 .00 .00 .00 .000 .00 ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 DIALYSIS 26 425.54 .722 PATHOLOGY 16.37 53.19 11.82 392.14 98.04 130.71 10.89 RADIOLOGY .111 PSYCHIATRY .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	4	168		20,705.04		123.24	4.667		5176.26		575.14	
OTHER SERVICES/ALL X-OVERS	3	22		486.85		22.13	.611		162.28		13.52	
@PHARMACY	66	158	\$	8,340.44	\$	52.79	4.389	\$	126.37	\$	231.68	
PRESCRIPTION DRUGS	65	157		8,255.18		52.58	4.361		127.00		229.31	
SNF/ICF	0	0		.00		.00	.000		.00		.00	
OUTPATIENTS	65	157		8,255.18		52.58	4.361		127.00		229.31	
MEDICAL SUPPLIES	1	1		85.26		85.26	.028		85.26		2.37	
@DENTIST	1	3	\$	28.00	\$	9.33	.083	\$	28.00	\$.78	
VISITS - DIAGNOSTIC	1	3		28.00		9.33	.083		28.00		.78	
ORAL SURGERY	0	0		.00		.00	.000		.00		.00	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	0	0		.00		.00	.000		.00		.00	
PERIODONTICS	0	0		.00		.00	.000		.00		.00	
ENDODONTICS	0	0		.00		.00	.000		.00		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES I	MONTH-OF-PAYMENT RI	EPOR'	r for jan 2	2004 THRU	DEC	2004	PA	AGE 6,342	
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05	

----- MONTHLY AVERAGE -----36 ELIGIBLES EXPENDITURES COST PER USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE 0 @OPTOMETRIST 0 .00 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 .00 \$ @CHIROPRACTOR .00 \$.000 \$.00 .00 .00 VISITS .00 .000 .00 .00 .000 .00 OTHER SERVICES @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 .000 .00 MEDICINE/INJECTIONS 0 .00 .00 .00 .00 .00 .00 SURGERY/ANES. .000 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 .00 OTHER 0 .00 .000 .00 .00 30.13 \$ 30.13 .028 \$ 30.13 \$ @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 \$ NURSE ANESTHESIST .00 .00 NURSE MIDWIFE 0 .00 \$.00 .000 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 \$ FAMILY NURSE PRACTITIONER 0 0 .00 \$.00 .000 \$.00 \$.00 35,608.05 @TOTAL HOSPITAL 65.46 15.111 \$ 890.20 \$ 989.11 HOSP INPATIENT TOTAL .00 .00 .000 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 0 .000 .00

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SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

MADERA COUNTY

ACCOMMODATIONS

ANCILLARIES

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

HOSP OUTPATIENT TOTAL	40	544		35,608.05		65.46	15.111	890.20		989.11
MEDICAL	15	22		685.33		31.15	.611	45.69		19.04
SURGERY	6	6		417.03		69.51	.167	69.51		11.58
PATHOLOGY	9	18		269.44		14.97	.500	29.94		7.48
RADIOLOGY	7	7		994.02		142.00	.194	142.00		27.61
ROOM USE	24	39		2,341.46		60.04	1.083	97.56		65.04
CROSSOVERS/ALL OTH OUTPTNT	15	452		30,900.77		68.36	12.556	2060.05		358.35
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-OF	-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC 2004	PAG	•
MOP024	FEE-FOR-SERVICE/DENTAL								(03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	BCCTP-S'	TATE-ONLY	AID C	CODES	0R 0T 0U	0V			

MADERA COUNTI	SOMMAN OF SER	VICED FOR	DCCII	JIAIL	ONDI AID	CODEL	010 01 00				C.E.	
26				_						HLY AVERA		
36 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
		OR DAYS					R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40		544	\$	35,608.05	\$	65.46	15.111	\$	890.20	\$	989.11
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	40		544		35,608.05		65.46	15.111		890.20		989.11
MEDICAL	15		22		685.33		31.15	.611		45.69		19.04
SURGERY	6		6		417.03		69.51	.167		69.51		11.58
PATHOLOGY	9		18		269.44		14.97	.500		29.94		7.48
RADIOLOGY	7		7		994.02		142.00	.194		142.00		27.61
ROOM USE	24		39		2,341.46		60.04	1.083		97.56		65.04
CROSSOVERS/ALL OTH OUTPTNT	15		452		30,900.77		68.36	12.556		2060.05		858.35
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00

LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 LEV B-REGULAR 0 0 .00 .00 .00 .00 .00	.00
	.00
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$	
ICF DDH 0 0 .00 .00 .00 .00	.00
ICF DD 0 0 .00 .00 .00 .00	.00
ICF DDN/DDCN 0 0 .00 .00 .00 .00	.00
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
HEMODIALYSIS CENTER 0 0 .00 .00 .00 .00	.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00	.00
@LABORATORY FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
XO AND OTHERS 0 0 .00 .00 .00 .00	.00
@ORGANIZED OUTPATIENT CLINIC 24 39 \$ 6,631.43 \$ 170.04 1.083 \$ 276.31 \$ 18	4.21
CLINIC 0 0 .00 .00 .00 .00	.00
SURGICENTER 0 0 .00 .00 .00 .00 .00	.00
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00	.00
RURAL HEALTH CLINIC 24 39 6,631.43 170.04 1.083 276.31 18	4.21
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE	6,344
MOP024 FEE-FOR-SERVICE/DENTAL 03	/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV	
MONTHLY AVERAGE	
36 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST	PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIG	IBLE
@ALL OTHER PROVIDERS 1 3 \$ 306.44 \$ 102.15 .083 \$ 306.44 \$	8.51
DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00	.00
BLOOD BANK 0 0 .00 .00 .00 .00	.00
HEARING AID DISPENSERS 0 0 .00 .00 .00 .00	.00
MEDICAL TRANSPORTATION 0 0 .00 .00 .00 .00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	306.44	102.15	.083	306.44	8.51
PROSTHETICS	1	3	306.44	102.15	.083	306.44	8.51
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000		\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,345
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

	MONTHLY AVERAGE								
140 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	293	6 , 953	\$	303,622.85	\$ 43.67	49.664	\$ 1036.26	\$	2168.73
@PHYSICIANS SERVICES	161	4 , 573	\$	151 , 516.89	\$ 33.13	32.664	\$ 941.10	\$	1082.26
OUTPATIENT VISITS	112	215		5 , 675.79	26.40	1.536	50.68		40.54
OFFICE VISITS	107	209		5 , 339.77	25.55	1.493	49.90		38.14
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	4	4		289.38	72.35	.029	72.35		2.07
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	2	2		46.64	23.32	.014	23.32		.33
INPATIENT VISITS	1	1		4.85	4.85	.007	4.85		.03
HOSPITAL VISITS	1	1		4.85	4.85	.007	4.85		.03
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	2	2		72.29	36.15	.014	36.15		.52
EXAMINATIONS	2	2		72.29	36.15	.014	36.15		.52
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	8	28		3,526.44	125.94	.200	440.81		25.19
PRINCIPAL SURGEON	6	6		2,930.83	488.47	.043	488.47		20.93
ASSISTANT SURGEON	1	1		162.14	162.14	.007	162.14		1.16
ANESTHESIOLOGIST	2	21		433.47	20.64	.150	216.74		3.10
OUTPATIENT SURGERY	25	55		4,146.50	75.39	.393	165.86		29.62
PRINCIPAL SURGEON	22	38		3,718.49	97.86	.271	169.02		26.56

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	17		428.01		25.18	.121		107.00		3.06
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	69	367		4,206.78		11.46	2.621		60.97		30.05
RADIOLOGY	50	241		17,475.62		72.51	1.721		349.51		124.83
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	38	3,407		111,436.17		32.71	24.336		2932.53		795.97
OTHER SERVICES/ALL X-OVERS	50	257		4,972.45		19.35	1.836		99.45		35.52
@PHARMACY	188	545	\$	36,325.53	\$	66.65	3.893	\$	193.22	\$	259.47
PRESCRIPTION DRUGS	187	544		36,240.27		66.62	3.886		193.80		258.86
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	187	544		36,240.27		66.62	3.886		193.80		258.86
MEDICAL SUPPLIES	1	1		85.26		85.26	.007		85.26		.61
@DENTIST	11	88	\$	3,421.00	\$	38.88	.629	\$	311.00	\$	24.44
VISITS - DIAGNOSTIC	7	57		440.00		7.72	.407		62.86		3.14
ORAL SURGERY	2	2		130.00		65.00	.014		65.00		.93
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		173.00		86.50	.014		86.50		1.24
ENDODONTICS	1	2		520.00		260.00	.014		520.00		3.71
RESTORATIVE DENTISTRY	7	25		2,158.00		86.32	.179		308.29		15.41
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		URES N	MONTH-OF-PAYMENT R	EPOR'	I FOR JAN	2004 THRU	DEC	2004	PI	AGE 6,346
MOP024	FEE-FOR-SERVICE/DENT										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR BCCTP	-TOTAI	L							

----- MONTHLY AVERAGE -----140 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9 25.59 .064 \$ 57.58 \$ 1.65 @OPTOMETRIST 4 230.30 DIAGNOSTIC AND ANC. PROCED 3 134.34 44.78 .021 44.78 .96 EYE APPLIANCES 6 95.96 15.99 .043 47.98 .69 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 \$ @CHIROPRACTOR .00 .000 \$.00 .00 VISITS .00 .00 .000 .00 0 .00 .00 .00 OTHER SERVICES .000 .00 0 .00 .00 .00 \$ @PODIATRIST .000 \$.00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 0 .00 .00 .00 .00 SURGERY/ANES. .000 0 .00 RADIO./PATHOLOGY .00 .00 .000 .00 Ω OTHER .00 .00 .000 .00 . 00 @HOME HEALTH AGENCY 30.13 \$ 30.13 .007 \$ 30.13 \$ NURSE ANESTHESIST 0 .00 .00 .000 \$.00 \$.00 NURSE MIDWIFE Ω .00 \$.00 .000 \$.00 .00 .00 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .000 \$ FAMILY NURSE PRACTITIONER 0 0 .00 .000 \$.00 \$.00 .00 1,492 @TOTAL HOSPITAL 110 91,619.29 61.41 10.657 \$ 832.90 654.42 2362.88 HOSP INPATIENT TOTAL 11,814.41 1181.44 .071 HSC HOSPITALS 4 7 6,257.00 893.86 .050 1564.25 44.69 3 5,557.41 1852.47 .021 5557.41 39.70 NON-HSC HOSPITAL TOTAL 956.25 318.75 ACCOMMODATIONS .021 956.25 6.83

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0 0 3 0 0 0 1,482 32 11	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	956.25	318.75	.021	956.25	6.83
ANCILLARIES	1	0	4,601.16	.00	.000	4601.16	32.87
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0 108	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	108	1,482	79,804.88	53.85	10.586	738.93	570.03
MEDICAL	21	32	1,026.00	32.06	.229	48.86	7.33
SURGERY	11	11	758.05	68.91	.079	68.91	5.41
PATHOLOGY	35	136	1,827.62	13.44	.971	52.22	13.05
RADIOLOGY	49	245	20,227.10	82.56	1.750	412.80	144.48
ROOM USE	57	96	5,005.73	52.14	.686	87.82	35.76
CROSSOVERS/ALL OTH OUTPTNT	34	962	50,960.38	52.97	6.871	1498.83	364.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	•	0	.00	.00	.000	.00	.00
	-	ES AND EXPENDITURES MO					PAGE 6,347
MOP024	FEE-FOR-SERVICE		NIII OF FAIMENT N	EFORT FOR UAN 2	LOUY THEO DE	C 2004	03/14/05
MADERA COUNTY		ICES FOR BCCTP-TOTAL					03/14/03
MADERA COUNTI	SOPERATOR SERV	TCES FOR BCCII TOTAL			MON	THIV AMERA	CF
140 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
TIO BETOIDED	ODLINO	OR DAYS OF CARE	EXILINDITORED	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	110	1,492 \$	91,619.29	\$ 61.41	10.657 \$		
COMM HOSP INPATIENT TOTAL	5	10	11,814.41	1181.44	.071	2362.88	84.39
HSC HOSPITALS	Δ	7	6,257.00	893.86	.050	1564.25	44.69
NON-HSC HOSPITALS TOTAL	1	2	E EE7 /1	1852.47	.021	5557.41	39.70
ACCOMMODATIONS	1	3	956.25	318.75	.021	956.25	6.83
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	3 0 0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	956.25	318.75	.021	956.25	6.83
ANCILLARIES	1	0	4,601.16	.00	.000	4601.16	32.87
INPATIENT CROSSOVERS	0	0	4,601.16	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

ROOM USE

108

21

11

35

49

57

34

0

1,482

32

11

136

245

96

962

0

79,804.88

1,026.00

1,827.62

20,227.10

5,005.73

50,960.38

758.05

.00 \$

53.85

32.06

68.91

13.44

82.56

52.14

52.97

.00

10.586

.229

.079

.971

.686

.000 \$

6.871

1.750

738.93

48.86

68.91

52.22

87.82

.00 \$

412.80

1498.83

570.03

7.33

13.05

35.76

.00

144.48

364.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	s	.00	S	.00	.000	ċ		Ś	.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	۲	.00	۲	.00
	0	0							.00		.00
ICF DD	0	•		.00		.00	.000				
ICF DDN/DDCN	-	0		.00		.00	.000		.00	_	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	18	\$	354.72	\$	19.71	.129	\$		\$	2.53
HOSPITAL BASED	2	18		354.72		19.71	.129		177.36		2.53
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	58	\$	509.86	\$	8.79	.414	\$	33.99	\$	3.64
PATHOLOGY	15	58		509.86		8.79	.414		33.99		3.64
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	70	105	\$	17,324.51	\$	165.00	.750	\$	247.49	\$	123.75
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	10		356.42		35.64	.071		178.21		2.55
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	68	95		16,968.09		178.61	.679		249.53		121.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITE	RES M	ONTH-OF-PAYMENT I	REPORT			DEC	2004	P	AGE 6,348
MOP024	FEE-FOR-SERVICE			01,111 01 11111111111111111111111111111	0	2011 01111 2	001 111110		2001		03/14/05
MADERA COUNTY		ICES FOR BCCTP-	тотат.								00/11/00
THIBBIAL COOKIT	COLUMN OF CHICA	TODO TON BOOT	101111				M	ONT	HLY AVERA	GE ·	
140 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST			COST PER	-	COST PER
		OR DAYS OF CAR	E			. UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	13	64	_ \$	2,290.62	\$	35.79	.457		176.20		16.36
DURABLE MED. EQUIP.	0	0	7	.00	7	.00	.000	т.	.00	7	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	3	38		401.90		10.58	.271		133.97		2.87
AMBULANCES/AIR TRANS	3	38		401.90		10.58	.271		133.97		2.87
OTHER TRANS	5	0		.00		.00	.000		.00		.00
OTHER TRANS OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000				.00
ACUPUNCTURE	0	0				.00			.00		
ADULT DAY HEALTH CARE CTR	•	-		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	5	10		111.52		11.15	.071		22.30		.80
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	5	16		1,777.20		111.08	.114		355.44		12.69
PROSTHETICS	5	16		1,777.20		111.08	.114		355.44		12.69
ODMIOMICC	0	Ŏ.		$\cap \cap$		$\cap \cap$	000		0.0		0.0

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ORTHOTICS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

HOSPICE SERVICES

PSYCHOLOGIST

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	17	\$ 1,039.56	\$ 61.15	.121	\$ 1039.56	\$ 7.43
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
00	0 3 0ED3D3EE		 				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,349
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

MONIBULLY ALTERACE

					MOI	NTHLY AVERA	GE
106 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	24	59 \$	1,000.18	\$ 16.95	.557	\$ 41.67	\$ 9.44
@PHYSICIANS SERVICES	10	18 \$	371.73	\$ 20.65	.170	37.17	\$ 3.51
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
DIALYSIS	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
PSYCHIATRY	0		0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	10		18		371.73		20.65	.170	37.17		3.51
@PHARMACY	3		9	\$	133.66	\$	14.85	.085	\$ 44.55	\$	1.26
PRESCRIPTION DRUGS	0		0		.00		.00	.000	.00		.00
SNF/ICF	0		0		.00		.00	.000	.00		.00
OUTPATIENTS	0		0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	3		9		133.66		14.85	.085	44.55		1.26
@DENTIST	1		1	\$.00	\$.00	.009	\$.00	\$.00
VISITS - DIAGNOSTIC	1		1		.00		.00	.009	.00		.00
ORAL SURGERY	0		0		.00		.00	.000	.00		.00
DRUGS	0		0		.00		.00	.000	.00		.00
ANESTHESIA	0		0		.00		.00	.000	.00		.00
PERIODONTICS	0		0		.00		.00	.000	.00		.00
ENDODONTICS	0		0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000	.00		.00
PROSTHETICS	0		0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXE	PENDITUR	ES MO	NTH-OF-PAYMENT R	EPORT		2004 THRU DI	EC 2004	Ρź	AGE 6,350
MOP024	FEE-FOR-SERVICE	-									03/14/05
MADERA COUNTY	SUMMARY OF SERV		OMB - O	NLY			AID CODE	80			-, ,
			~						NTHLY AVERA	GE -	
106 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		-	COST PER
								DED ELIC	HCED		TITCIDIE

							·			
USERS	UNITS OF SERVICE		EXPENDITURES	AVER#	GE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE			PER U	NIT/DAY	PER ELIG		USER		ELIGIBLE
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 0	OR DAYS OF CARE 0	OR DAYS OF CARE 0	OR DAYS OF CARE O	OR DAYS OF CARE OR DAYS OF CARE O	OR DAYS OF CARE O	OR DAYS OF CARE PER UNIT/DAY PER ELIG 0 0 \$.00 \$.00 .00 .000 \$ 0 0 .00 .00 .00 .00 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 \$.000 \$.000 .000 .000 .000 \$.000 \$.000 .000 .000 .000 .000 .000 \$.000 .00	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 0 0 \$.00 \$.00	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 \$.00 <

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	.00	\$.00
@TOTAL HOSPITAL	3	19 \$	310.20	\$ 16.33	.179	103.40	\$ 2.93
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.000		
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	O	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	19	310.20	16.33	.179	103.40	2.93
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	U	0	.00	.00	.000	.00	.00
ROOM USE	O	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	19	310.20	16.33	.179	103.40	2.93
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	O	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	EC 2004	PAGE 6,351
MOP024	FEE-FOR-SERVIC	E/DENTAL					03/14/05
MADERA COUNTY		VICES FOR QMB - ONLY		AID COD	E 80		
THIBBIUT COOKIT	SOIMMING OF SERV	VIOLO ION QUE ONEI		1110 000		THLY AVERA	TF
106 ELICIPIES	USERS	INTER OF CEDUTCE	EADENDIMIDEC	ATTEDACE COC	T UNITS/DAYS		
106 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DA		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	19 \$	310.20	\$ 16.33	.179		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	•					
ALL OTHER ACCOM	•	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	19	310.20	16.33	.179	103.40	2.93
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.0	00		.00		.00
PATHOLOGY	0	0		.00		.00	.0	00		.00		.00
RADIOLOGY	0	0		.00		.00	.0	00		.00		.00
ROOM USE	0	0		.00		.00	.0	00		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	19		310.20		16.33	.1	79		103.40		2.93
@STATE HOSPITAL	0	0	\$.00	\$.00	. 0	00	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	. 0	00		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	. 0	00		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.0	00	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	. 0	00		.00		.00
LEV B-REHAB MD	0	0		.00		.00	. 0	00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	. 0	00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.0	00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	. 0	00		.00		.00
LEV B-REGULAR	0	0		.00		.00	.0	00		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.0	00	\$.00	\$.00
ICF DDH	0	0		.00		.00	. 0	00		.00		.00
ICF DD	0	0		.00		.00	.0	00		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.0	00		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.0	00	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	. 0	00		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.0	00		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	. 0	00	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.0	00		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.0	00		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.0	00	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	. 0	00		.00		.00
XO AND OTHERS	0	0		.00		.00	.0	00		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	37.02	\$	37.02	. 0	09	\$	37.02	\$.35
CLINIC	0	0		.00		.00	.0	00		.00		.00
SURGICENTER	0	0		.00		.00	. 0	00		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	. 0	00		.00		.00
RURAL HEALTH CLINIC	1	1		37.02		37.02	. 0	09		37.02		.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU:	RES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 TH	RU	DEC	2004	PAGE	6 , 352
MOP024	FEE-FOR-SERVICE/DENTAL										0.3	3/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	QMB -	ONLY			AID CODE	E 80					
								- M	IONT	HLY AVERA	GE	

				MON	ILLI AVERAC	JL
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
6	11 \$	147.57	\$ 13.42	.104 \$	24.60	\$ 1.39
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		OR DAYS OF CARE 6	OR DAYS OF CARE PER UNIT/DAY 6 11 \$ 147.57 \$ 13.42 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 <t< td=""><td>USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 6 11 \$ 147.57 \$ 13.42 .104 \$ 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00</td><td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 6 11 \$ 147.57 \$ 13.42 .104 \$ 24.60 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00</td></t<>	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 6 11 \$ 147.57 \$ 13.42 .104 \$ 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 6 11 \$ 147.57 \$ 13.42 .104 \$ 24.60 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00

PROSTHETICS	0	0	.00	.00	.000		.00	.00
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	1	1	40.86	40.86	.009	4	0.86	.39
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	5	10	106.71	10.67	.094	2	1.34	1.01
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	23	58 \$	1,000.18	\$ 17.24	.547	\$ 4	3.49	\$ 9.44
O+ MOMATO THE MURCH LINES AND STUDY AS	, a annana	TATEODAY DECAT TEEM ONT I						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,353 FEE-FOR-SERVICE/DENTAL

03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

						MO	NTHLY AVERA	GE
5,556 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,599	9,633 \$	>	616,939.32	\$ 64.04	1.734	\$ 237.38	\$ 111.04
@PHYSICIANS SERVICES	1,062	1,968 \$	5	79,024.61	\$ 40.15	.354	\$ 74.41	\$ 14.22
OUTPATIENT VISITS	932	1,191		37,989.05	31.90	.214	40.76	6.84
OFFICE VISITS	781	993		28,136.93	28.34	.179	36.03	5.06
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	149	159		8,598.04	54.08	.029	57.70	1.55
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	28	39		1,254.08	32.16	.007	44.79	.23
INPATIENT VISITS	31	143		17,844.79	124.79	.026	575.64	3.21
HOSPITAL VISITS	28	114		6,706.54	58.83	.021	239.52	1.21
CRITICAL CARE	5	29		11,138.25	384.08	.005	2227.65	2.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	9		326.28	36.25	.002	46.61	.06
EXAMINATIONS	7	9		326.28	36.25	.002	46.61	.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	73		6,088.61	83.41	.013	380.54	1.10
PRINCIPAL SURGEON	8	20		4,096.72	204.84	.004	512.09	.74
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	53		1,991.89	37.58	.010	221.32	.36
OUTPATIENT SURGERY	39	94		5,546.26	59.00	.017	142.21	1.00
PRINCIPAL SURGEON	30	36		4,062.83	112.86	.006	135.43	.73
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	58		1,483.43	25.58	.010	114.11	.27
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	92	129		1,494.16	11.58	.023	16.24	.27
RADIOLOGY	100	151		3,062.18	20.28	.027	30.62	.55
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	10		2,241.50	224.15	.002	280.19	.40
OTHER SERVICES/ALL X-OVERS	80	168		•	26.38	.030	55.40	.80
@PHARMACY	1,300	3,333 \$	5	94,803.55	\$ 28.44	.600	\$ 72.93	\$ 17.06
PRESCRIPTION DRUGS	1,298	3,285		92,893.47	28.28	.591	71.57	16.72
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1,298	3,285		92 , 893.47	28.28	.591	71.57	16.72

MEDICAL SUPPLIES	44	48		1,910.08		39.79	.009		43.41		.34
@DENTIST	235	1,584	\$	40,998.22	\$	25.88	.285	\$	174.46	\$	7.38
VISITS - DIAGNOSTIC	173	1,034		11,816.00		11.43	.186		68.30		2.13
ORAL SURGERY	25	44		1,757.00		39.93	.008		70.28		.32
DRUGS	4	4		100.00		25.00	.001		25.00		.02
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	36	93		6,406.40		68.89	.017		177.96		1.15
RESTORATIVE DENTISTRY	117	390		19,437.00		49.84	.070		166.13		3.50
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	3	3		333.00		111.00	.001		111.00		.06
MAXILLOFACIAL SERVICES	11	11		1,148.82		104.44	.002		104.44		.21
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	3	5		.00		.00	.001		.00		.00
ALL CINER SERVICES	5	9		• 0 0			–				
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	NTH-OF-PAYMENT RI	EPORT			DEC		PF	AGE 6,354
	MEDI-CAL SERVIC FEE-FOR-SERVICE	-	RES MO		EPORT			DEC		PF	
#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE	-		NTH-OF-PAYMENT RI			2004 THRU 1	DEC		PA	AGE 6,354
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	/DENTAL		NTH-OF-PAYMENT RI		FOR JAN 2	2004 THRU 1		2004		AGE 6,354
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	/DENTAL	ROGRAM	NTH-OF-PAYMENT RI	CODES	FOR JAN 2	2004 THRU 1	ONT	2004	GE -	AGE 6,354
#CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% P	ROGRAM E	NTH-OF-PAYMENT RI AID (EXPENDITURES	CODES AVE	FOR JAN 2 72 74 8N RAGE COST UNIT/DAY	8P Mo UNITS/DAY: PER ELIG	ONTI	2004 HLY AVERA COST PER USER	GE - C	AGE 6,354 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 5,556 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% P UNITS OF SERVIC	ROGRAM E	NTH-OF-PAYMENT RI AID (EXPENDITURES 288.25	CODES AVE	FOR JAN 2 72 74 8N RAGE COST UNIT/DAY 41.18	8P MG UNITS/DAY: PER ELIG .001	ONTI	2004 HLY AVERA COST PER USER 41.18	GE - C	AGE 6,354 03/14/05 COST PER ELIGIBLE .05
#CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 5,556 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% P UNITS OF SERVIC	ROGRAM E E	NTH-OF-PAYMENT RI AID (EXPENDITURES 288.25 288.25	CODES AVE PER	FOR JAN 2 72 74 8N RAGE COST UNIT/DAY 41.18 41.18	8P MG UNITS/DAY: PER ELIG .001 .001	ONTI	2004 HLY AVERA COST PER USER 41.18 41.18	GE - C	AGE 6,354 03/14/05 COST PER ELIGIBLE .05 .05
#CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 5,556 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% P UNITS OF SERVIC	ROGRAM E E	NTH-OF-PAYMENT RI AID (EXPENDITURES 288.25 288.25 .00	CODES AVE PER	FOR JAN 2 72 74 8N RAGE COST UNIT/DAY 41.18 41.18 .00	8P MG UNITS/DAY: PER ELIG .001 .001 .000	ONTI	2004 HLY AVERA COST PER USER 41.18 41.18	GE - C	AGE 6,354 03/14/05 COST PER ELIGIBLE .05 .05 .00
#CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 5,556 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% P UNITS OF SERVIC	ROGRAM E E \$	NTH-OF-PAYMENT RI AID (EXPENDITURES 288.25 288.25 .00 .00	CODES AVE PER \$	FOR JAN 2 72 74 8N RAGE COST UNIT/DAY 41.18 41.18 .00 .00	8P MG UNITS/DAY: PER ELIG .001 .001 .000 .000	ONTI	HLY AVERA COST PER USER 41.18 41.18 .00 .00	GE - (E \$	AGE 6,354 03/14/05 COST PER CLIGIBLE .05 .05 .00
#CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 5,556 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% P UNITS OF SERVIC	ROGRAM E E	NTH-OF-PAYMENT RI AID (EXPENDITURES 288.25 288.25 .00 .00 .00	CODES AVE PER	FOR JAN 2 72 74 8N RAGE COST UNIT/DAY 41.18 41.18 .00 .00 .00	8P MC UNITS/DAY: PER ELIG .001 .001 .000 .000	ONTI	HLY AVERA COST PER USER 41.18 41.18 .00 .00	GE - (E \$	AGE 6,354 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 5,556 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% P UNITS OF SERVIC	ROGRAM E E \$	NTH-OF-PAYMENT RI AID (EXPENDITURES 288.25 288.25 .00 .00 .00 .00	CODES AVE PER \$	FOR JAN 2 72 74 8N RAGE COST UNIT/DAY 41.18 41.18 .00 .00 .00 .00	8P MC UNITS/DAY: PER ELIG .001 .000 .000 .000 .000	ONTI	2004 HLY AVERA COST PER USER 41.18 41.18 .00 .00 .00	GE - (E \$	AGE 6,354 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 5,556 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% P UNITS OF SERVIC	ROGRAM E E \$ \$	AID (EXPENDITURES 288.25 288.25 .00 .00 .00 .00 .00	CODES AVE PER \$	FOR JAN 2 72 74 8N RAGE COST UNIT/DAY 41.18 41.18 .00 .00 .00 .00 .00	8P MC UNITS/DAY: PER ELIG .001 .000 .000 .000 .000	ONTI S (2004 HLY AVERA COST PER USER 41.18 41.18 .00 .00 .00 .00	GE - C F \$	AGE 6,354 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 5,556 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% P UNITS OF SERVIC	ROGRAM E E \$	AID (EXPENDITURES 288.25 288.25 .00 .00 .00 .00 .00 .49.10	CODES AVE PER \$	FOR JAN 2 72 74 8N RAGE COST UNIT/DAY 41.18 .00 .00 .00 .00 .00 .24.55	8P MO UNITS/DAY: PER ELIG .001 .001 .000 .000 .000 .000	ONTI	2004 HLY AVERA COST PER USER 41.18 .00 .00 .00 .00 .00 .24.55	GE - C F \$	AGE 6,354 03/14/05 COST PER ELIGIBLE .05 .05 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MADERA COUNTY 5,556 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% P UNITS OF SERVIC	ROGRAM E E \$ \$	AID (EXPENDITURES 288.25 288.25 .00 .00 .00 .00 .00	CODES AVE PER \$	FOR JAN 2 72 74 8N RAGE COST UNIT/DAY 41.18 41.18 .00 .00 .00 .00 .00	8P MC UNITS/DAY: PER ELIG .001 .000 .000 .000 .000	ONTI \$ \$	2004 HLY AVERA COST PER USER 41.18 41.18 .00 .00 .00 .00	GE - C F \$	AGE 6,354 03/14/05

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		
NURSE ANESTHESIST	1	12 \$	161.95	\$ 13.50	.002 \$		
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		
@TOTAL HOSPITAL	292	1,319 \$	286,229.40	\$ 217.00	.237 \$		
HOSP INPATIENT TOTAL	28	140	256,760.00	1834.00	.025	9170.00	46.21
HSC HOSPITALS	28	140	256,760.00	1834.00	.025	9170.00	46.21
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	270	1,179	29,469.40	25.00	.212	109.15	5.30
MEDICAL	77	129	5,584.61	43.29	.023	72.53	1.01
SURGERY	37	46	1,640.84	35.67	.008	44.35	.30
PATHOLOGY	80	326	3,498.88	10.73	.059	43.74	.63
RADIOLOGY	58	71	3,509.11	49.42	.013	60.50	.63
ROOM USE	214	259	10,589.18	40.88	.047	49.48	1.91
CROSSOVERS/ALL OTH OUTPTNT	116	348	4,646.78	13.35	.063	40.06	.84
@COUNTY HOSPITAL TOTAL	1	7 \$	467.10	\$ 66.73	.001 \$	467.10	\$.08
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	7	467.10	66.73	.001	467.10	.08
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	24.72	12.36	.000	24.72	.00
RADIOLOGY	1	1	363.65	363.65	.000	363.65	.07
ROOM USE	1	1	37.56	37.56	.000	37.56	.01
CROSSOVERS/ALL OTH OUTPINT	1	3	41.17	13.72	.001	41.17	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MONT	TH-OF-PAYMENT RI	EPORT FOR JAN 20	004 THRU DE	C 2004	PAGE 6,355
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR 133% PROGRAM	AID	CODES 72 74 8N 8	8P		
				-	MON	THLY AVERA	GE
5,556 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST U	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	292	1 , 312 \$	285,762.30	\$ 217.81	.236 \$	978.64	\$ 51.43
COMM HOSP INPATIENT TOTAL	28	140	256,760.00	1834.00	.025	9170.00	46.21
HSC HOSPITALS	28	140	256,760.00	1834.00	.025	9170.00	46.21
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00		.00		000		.00		.00
ANCILLARIES	0	0		.00		.00		000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00		000		.00		.00
ALL OTHER INPATIENT	0	1,172		.00		.00		000		.00		.00
COMM HOSP OUTPATIENT TOTAL	270	1,172		29,002.30		24.75		211		107.42		5.22
MEDICAL	77	129		5,584.61		43.29		023		72.53		1.01
SURGERY	37	46		1,640.84		35.67		008		44.35		.30
PATHOLOGY	80	324		3,474.16		10.72		058		43.43		.63
RADIOLOGY	58 213	70		3,145.46		44.94		013		54.23		.57
ROOM USE CROSSOVERS/ALL OTH OUTPTNT		258 345		10,551.62 4,605.61		40.90 13.35		046 062		49.54 39.70		1.90 .83
@STATE HOSPITAL	0	0	\$	4,003.01	\$.00		000	¢	.00	Ċ	.00
MENTALLY ILL	0	0	Ÿ	.00	Y	.00		000	Y	.00	Ÿ	.00
DEVELOP. DISABLED	0	0		.00		.00		000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	'	.00		.00		000		.00		.00
LEV B-REHAB MD	0	0		.00		.00		000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		000		.00		.00
LEV B-REGULAR	0	0		.00		.00		000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		000	\$.00	\$.00
ICF DDH	0	0		.00		.00		000		.00		.00
ICF DD	0	0		.00		.00		000		.00		.00
ICF DDN/DDCN	0	0	A	.00	^	.00		000	<u>^</u>	.00	<u> </u>	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		000	Ş	.00	Ş	.00
HOSPITAL BASED HEMODIALYSIS CENTER	0	0		.00		.00		000		.00		.00
@REHABILITATION FACILITY	10	12	\$	602.21	\$	50.18		000	¢	60.22	Ċ	.11
HOSPITAL BASED	10	12	Ą	602.21	Ą	50.18		002	۲	60.22	۲	.11
INDEPENDENT FACILITY	0	0		.00		.00		000		.00		.00
@LABORATORY FACILITY	33	79	\$	528.47	\$	6.69		014	Ś	16.01	Ś	.10
PATHOLOGY	33	79	τ	528.47	т	6.69		014	т	16.01	т	.10
XO AND OTHERS	0	0		.00		.00		000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	629	884	\$	109,756.39	\$	124.16		159	\$	174.49	\$	19.75
CLINIC	0	0		.00		.00		000		.00		.00
SURGICENTER	13	77		2,849.99		37.01		014		219.23		.51
HEROIN DETOX CLINIC	0	0		.00		.00		000		.00		.00
RURAL HEALTH CLINIC	616	807		106,906.40		132.47		145		173.55		19.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		'URES MOI	NTH-OF-PAYMENT I	REPORT	FOR JAN	2004 T	HRU	DEC	2004	PA	AGE 6,356
MOP024	FEE-FOR-SERVICE,				~~~	TO T4 01						03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR 133%	PROGRAM	AID	CODES	/2 /4 8N		7.	«∩»ımı	II	CE	
E EEC ELICIDIES	HCEDC	INTER OF CEDUT	CE	EADENDIMIDEC	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	DACE COCE				HLY AVERA	-	
5,556 ELIGIBLES	USERS	UNITS OF SERVI OR DAYS OF CA		EXPENDITURES		RAGE COST UNIT/DAY				USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	69	433	\$	4,497.17	\$			078		65.18		.81
DURABLE MED. EQUIP.	3		Ÿ	283.16								.05
BLOOD BANK	0	0		.00		.00		000		.00		.00
HEARING AID DISPENSERS	Ő	0		.00		.00		000		.00		.00
MEDICAL TRANSPORTATION	21	305		2,819.43		9.24		055		134.26		.51
AMBULANCES/AIR TRANS	21	305		2,819.43		9.24		055		134.26		.51
OTHER TRANS	0	0		.00		.00		000		.00		.00
OTHER SERVICES	0	0		.00		.00		000		.00		.00
ACUPUNCTURE	0	0		.00		.00		000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00		000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	•	000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	13	117.85	9.07	.002	23.57	.02
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	38	109	1,236.05	11.34	.020	32.53	.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	3	40.68	13.56	.001	13.56	.01
@CALIF. CHILDREN SERVICES*	49	675	\$ 171 , 748.26	\$ 254.44	.121	\$ 3505.07	\$ 30.91
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,357 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MADERA COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

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					MON	NTHLY AVERA	GE
4,440 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,573	10,311 \$	1,030,686.14	\$ 99.96	2.322	\$ 655.24	\$ 232.14
@PHYSICIANS SERVICES	472	1 , 776 \$	85,976.44	\$ 48.41	.400	\$ 182.15	\$ 19.36
OUTPATIENT VISITS	293	352	13,898.42	39.48	.079	47.43	3.13
OFFICE VISITS	197	219	7,115.72	32.49	.049	36.12	1.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	70	75	4,747.30	63.30	.017	67.82	1.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	15	806.03	53.74	.003	115.15	.18
OTHER OUTPATIENT	26	43	1,229.37	28.59	.010	47.28	.28
INPATIENT VISITS	46	419	29,415.15	70.20	.094	639.46	6.63
HOSPITAL VISITS	40	375	20,089.17	53.57	.084	502.23	4.52
CRITICAL CARE	11	44	9,325.98	211.95	.010	847.82	2.10
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	14	15	692.29	46.15	.003	49.45	.16
EXAMINATIONS	14	15	692.29	46.15	.003	49.45	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	40	199	17,492.07	87.90	.045	437.30	3.94
PRINCIPAL SURGEON	30	48	13,532.86	281.93	.011	451.10	3.05
ASSISTANT SURGEON	2	2	454.31	227.16	.000	227.16	.10
ANESTHESIOLOGIST	15	149	3,504.90	23.52	.034	233.66	.79
OUTPATIENT SURGERY	35	123	6,256.81	50.87	.028	178.77	1.41
PRINCIPAL SURGEON	28	34	5,121.27	150.63	.008	182.90	1.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	89	1,135.54	12.76	.020	126.17	.26
DIALYSIS	7	31	2,640.03	85.16	.007	377.15	.59
PATHOLOGY	50	94	1,866.97	19.86	.021	37.34	.42
RADIOLOGY	107	324	8,786.29	27.12	.073	82.11	1.98
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	5	6	260.06	43.34	.001	52.01	.06
OTHER SERVICES/ALL X-OVERS	81	213	4,668.35	21.92	.048	57.63	1.05
@PHARMACY	499	2,739	\$ 58,220.06	\$ 21.26	.617	\$ 116.67	\$ 13.11
PRESCRIPTION DRUGS	488	1,122	56,687.50	50.52	.253	116.16	12.77
SNF/ICF	1	1	30.18	30.18	.000	30.18	.01
OUTPATIENTS	487	1,121	56,657.32	50.54	.252	116.34	12.76
MEDICAL SUPPLIES	20	1,617	1,532.56	.95	.364	76.63	.35
@DENTIST	291	1,724	\$ 37,524.90	\$ 21.77	.388	\$ 128.95	\$ 8.45
VISITS - DIAGNOSTIC	180	1,287	12,999.75	10.10	.290	72.22	2.93
ORAL SURGERY	45	70	3,328.30	47.55	.016	73.96	.75
DRUGS	1	3	45.00	15.00	.001	45.00	.01
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	2	2	110.00	55.00	.000	55.00	.02
ENDODONTICS	10	18	3,159.00	175.50	.004	315.90	.71
RESTORATIVE DENTISTRY	98	262	12,127.85	46.29	.059	123.75	2.73
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	4	4	240.00	60.00	.001	60.00	.05
MAXILLOFACIAL SERVICES	2	2	50.00	25.00	.000	25.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	59	67	5,140.00	76.72	.015	87.12	1.16
ALL OTHER SERVICES	6	8	225.00	28.13	.002	37.50	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT R	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 6,358
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05

SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

MADERA COUNTY

----- MONTHLY AVERAGE -----4,440 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 30 1,618.15 1,618.19 \$ 24.15 .015 \$ 53.94 \$ @OPTOMETRIST 67 43.93 DIAGNOSTIC AND ANC. PROCED 24 26 40.55 .006 15 13.76 37.60 EYE APPLIANCES 41 .009 .13 0 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 @CHIROPRACTOR 66.88 \$ 16.72 .001 \$ 22.29 \$.02 VISITS 66.88 16.72 .001 22.29 .02 .00 .00 0 .00 .000 OTHER SERVICES @PODIATRIST 52.36 \$ 26.18 .000 \$ 26.18 \$.01 .01 MEDICINE/INJECTIONS 52.36 26.18 .000 26.18 .00 .00 .000 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 .00 .000 .00 .00 .00 OTHER .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$ @HOME HEALTH AGENCY .00 NURSE ANESTHESIST 0 .00 \$.000 \$.00 \$.00 .00 \$.00 .00 \$ NURSE MIDWIFE .000 \$.00 .00 .00 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .000 \$ 0 FAMILY NURSE PRACTITIONER 0 .00 \$.00 .000 \$.00 \$.00 479.03 @TOTAL HOSPITAL 234 1,566 750,154.04 \$.353 \$ 3205.79 \$ 168.95 HOSP INPATIENT TOTAL 38 387 710,844.01 1836.81 .087 18706.42 1885.60 705.31 232.34 .00 .00 232.34 1885.60 35 371 699,559.01 19987.40 HSC HOSPITALS .084 157.56 705.31 NON-HSC HOSPITAL TOTAL 3 16 11,285.00 .004 3761.67 2.54 16 1239.13 ACCOMMODATIONS 3,717.40 .004 0 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 3,717.40 232.34 .004 1239.13 ALL OTHER ACCOM .00 2522.53 ANCILLARIES 0 7,567.60 .000 1.70 .00 .00 .00 INPATIENT CROSSOVERS 0 .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00

HOSP OUTPATIENT TOTAL	205	1,179		39,310.03	33.34	.266	191.76		8.85
MEDICAL	63	184		10,516.54	57.16	.041	166.93		2.37
SURGERY	29	43		1,535.23	35.70	.010	52.94		.35
PATHOLOGY	70	314		3,530.38	11.24	.071	50.43		.80
RADIOLOGY	56	91		7,134.15	78.40	.020	127.40		1.61
ROOM USE	136	191		8,146.01	42.65	.043	59.90		1.83
CROSSOVERS/ALL OTH OUTPINT	86	356		8,447.72	23.73	.080	98.23		1.90
@COUNTY HOSPITAL TOTAL	1	27	\$	904.74	\$ 33.51	.006	\$ 904.74	\$.20
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	27		904.74	33.51	.006	904.74		.20
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	21		301.84	14.37	.005	301.84		.07
RADIOLOGY	1	2		459.99	230.00	.000	459.99		.10
ROOM USE	1	1		51.11	51.11	.000	51.11		.01
CROSSOVERS/ALL OTH OUTPINT	1	3		91.80	30.60	.001	91.80		.02
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU 1	DEC 2004		E 6,359
MOP024	FEE-FOR-SERVICE	/DENTAL						(03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR 100% PRO	OGRAM	AID (CODES 7A 7C 8R				
							ONTHLY AVERA		
4,440 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				ST PER
	0.0.5	OR DAYS OF CARE	_	=	PER UNIT/DAY				IGIBLE
@COMMUNITY HOSPITAL TOTAL	233	1,539	Ş	749,249.30	\$ 486.84	.347	\$ 3215.66	\$ 1	L68.75

COMM HOSP INPATIENT TOTAL	38	387		710,844.01		1836.81	.087		18706.42		160.10
HSC HOSPITALS	35	371		699,559.01		1885.60	.084		19987.40		157.56
NON-HSC HOSPITALS TOTAL	3	16		11,285.00		705.31	.004		3761.67		2.54
ACCOMMODATIONS	3	16		3,717.40		232.34	.004		1239.13		.84
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	16		3,717.40		232.34	.004		1239.13		.84
ANCILLARIES	3	0		7,567.60		.00	.000		2522.53		1.70
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	204	1,152		38,405.29		33.34	.259		188.26		8.65
MEDICAL	63	184		10,516.54		57.16	.041		166.93		2.37
SURGERY	29	43		1,535.23		35.70	.010		52.94		.35
PATHOLOGY	69	293		3,228.54		11.02	.066		46.79		.73
RADIOLOGY	55	89		6,674.16		74.99	.020		121.35		1.50
ROOM USE	135	190		8,094.90		42.60	.043		59.96		1.82
CROSSOVERS/ALL OTH OUTPTNT	85	353		8,355.92		23.67	.080		98.30		1.88
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	_	.00	_	.00	.000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	_	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	0	Ċ	.00	Ċ	.00	.000	ć	.00	Ċ	.00
@REHABILITATION FACILITY	3	21	\$	520.96	\$	24.81	.005	\$	130.24	Ş	.12
HOSPITAL BASED	1	4		180.57		45.14	.001		60.19		.04
INDEPENDENT FACILITY	72	17 255	\$	340.39	\$	20.02 13.00	.004	ċ	340.39 46.03	ċ	.08 .75
@LABORATORY FACILITY	72	254	Ą	3,314.01 3,254.51	Ą	12.81	.057	Ş	45.20	ې	.73
PATHOLOGY XO AND OTHERS	1	1		59.50		59.50	.000		59.50		.73
@ORGANIZED OUTPATIENT CLINIC	332	517	\$	76,073.49	Ċ	147.14	.116	Ċ	229.14	Ċ	17.13
CLINIC CLINIC	14	64	Ÿ	2,180.34	Y	34.07	.014	Y	155.74	Y	.49
SURGICENTER	1	6		231.21		38.54	.001		231.21		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	320	447		73,661.94		164.79	.101		230.19		16.59
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	IRES MOI		REPORT			DEC		P	AGE 6,360
MOP024	FEE-FOR-SERVICE		7101	01 1111111111111111111111111111111	CDI OICI	1010 01110 1	2001 111110		2001		03/14/05
MADERA COUNTY		ICES FOR 100% F	ROGRAM	AID	CODES	7A 7C 8R	8Т				00, 11, 00
	001111111111111111111111111111111111111	1020 1010 1000 1	110011111	1112	00220	711 70 010	M	ONT	HLY AVERA	GE	
4,440 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST					COST PER
,		OR DAYS OF CAF				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	207	1,640		17,164.81		10.47			82.92		
DURABLE MED. EQUIP.	2	. 8		2,176.58	•	272.07	.002		1088.29		.49
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	22	780		9,486.50		12.16	.176		431.20		2.14

AMBULANCES/AIR TRANS	21	778	5,886.50	7.57	.175	280.31	1.33
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.81
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	420.00	105.00	.001	105.00	.09
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	34	71	611.68	8.62	.016	17.99	.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	144	376	4,224.90	11.24	.085	29.34	.95
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	401	245.15	.61	.090	122.58	.06
@CALIF. CHILDREN SERVICES*	91	1,547	\$ 645,169.03	\$ 417.05	.348		145.31
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,361
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MC	ONTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST	PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIG	IBLE
@TOTAL, ALL PROVIDERS	3,043	11,153	\$ 618,991.04	\$ 55.50	.000	\$ 203.41	\$.00
@PHYSICIANS SERVICES	534	1,152	\$ 75 , 322.34	\$ 65.38	.000	\$ 141.05	\$.00
OUTPATIENT VISITS	252	443	33,182.98	74.91	.000	131.68		.00
OFFICE VISITS	15	16	257.10	16.07	.000	17.14		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	242	427	32,925.88	77.11	.000	136.06		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	1	3	112.77	37.59	.000	112.77		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	3	112.77	37.59	.000	112.77		.00
OUTPATIENT SURGERY	98	205	19,784.48	96.51	.000	201.88		.00
PRINCIPAL SURGEON	96	137	16,623.36	121.34	.000	173.16		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	66	68		3,161.12		46.49	.000		47.90		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	107	162		2,685.90		16.58	.000		25.10		.00
RADIOLOGY	256	272		13,090.15		48.13	.000		51.13		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	19	35		1,768.86		50.54	.000		93.10		.00
OTHER SERVICES/ALL X-OVERS	17	32		4,697.20		146.79	.000		276.31		.00
@PHARMACY	709	1,372	\$	18,725.55	\$	13.65	.000	\$	26.41	\$.00
PRESCRIPTION DRUGS	706	1,354		17,644.31		13.03	.000		24.99		.00
SNF/ICF	1	2		9.11		4.56	.000		9.11		.00
OUTPATIENTS	705	1,352		17,635.20		13.04	.000		25.01		.00
MEDICAL SUPPLIES	11	18		1,081.24		60.07	.000		98.29		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES :	MONTH-OF-PAYMENT F	REPOR!	r for Jan	2004 THRU	DEC :	2004	PA	GE 6,362
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FO	OR PRESUN	VITTN	E ELIGIBILITY-PREG	HINANT	AID CODE	S 7F 7G				

						MC	INC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	5	6	\$ 485.34	\$	80.89	.000	\$	97.07	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	285	552	\$ 22 , 801.76	\$	41.31	.000	\$	80.01	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
		-					
HOSP OUTPATIENT TOTAL	285	552	22,801.76	41.31	.000	80.01	.00
MEDICAL	3	3	243.00	81.00	.000	81.00	.00
SURGERY	11	14	810.85	57.92	.000	73.71	.00
PATHOLOGY	156	285	6 , 728.42	23.61	.000	43.13	.00
RADIOLOGY	120	121	10,505.07	86.82	.000	87.54	.00
ROOM USE	103	129	4,530.15	35.12	.000	43.98	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	15.73CR	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.000	.00	
CROSSOVERS/ALL OIR OUIFINI							
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#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON					PAGE 6,363
MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MON DENTAL	TH-OF-PAYMENT RE	PORT FOR JAN 2	004 THRU DEC		
	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	004 THRU DEC	2004	PAGE 6,363 03/14/05
MOP024 MADERA COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MON /DENTAL ICES FOR PRESUMPTIVE E	TH-OF-PAYMENT RE	PORT FOR JAN 2	004 THRU DEC 7F 7G MONT	C 2004 CHLY AVERA	PAGE 6,363 03/14/05 GE
MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MON /DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE	TH-OF-PAYMENT RE	PORT FOR JAN 2 ANT AID CODES AVERAGE COST	004 THRU DEC 7F 7G MONT UNITS/DAYS	C 2004 CHLY AVERA COST PER	PAGE 6,363 03/14/05 GE COST PER
MOP024 MADERA COUNTY 00 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON /DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE	TH-OF-PAYMENT RE	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY	004 THRU DEC 7F 7G MONT UNITS/DAYS PER ELIG	C 2004 CHLY AVERA COST PER USER	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE
MOP024 MADERA COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MON /DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE	TH-OF-PAYMENT RE	PORT FOR JAN 2 ANT AID CODES AVERAGE COST	004 THRU DEC 7F 7G MONT UNITS/DAYS	C 2004 CHLY AVERA COST PER	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE
MOP024 MADERA COUNTY 00 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MON /DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE	TH-OF-PAYMENT RE	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY	004 THRU DEC 7F 7G MONT UNITS/DAYS PER ELIG	C 2004 CHLY AVERA COST PER USER	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS 285	ES AND EXPENDITURES MON / DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$	TH-OF-PAYMENT RESULTS OF THE SERVICE OF T	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 41.31	7F 7G MONT UNITS/DAYS PER ELIG .000 \$	C 2004 CHLY AVERA COST PER USER 80.01	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0	ES AND EXPENDITURES MON / DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0	TH-OF-PAYMENT RESULTS LIGIBILITY-PREGNATE EXPENDITURES 22,801.76 .00	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 41.31 .00	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000	C 2004 CHLY AVERA COST PER USER 80.01	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00 .00
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0	ES AND EXPENDITURES MON/DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0	TH-OF-PAYMENT RESULTS PRESENT THE EXPENDITURES 22,801.76 .00 .00 .00	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00 .00
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0	ES AND EXPENDITURES MON/DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0 0	EXPENDITURES 22,801.76 .00 .00 .00 .00	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00 .00 .00	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0	ES AND EXPENDITURES MON/DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0 0 0 0	EXPENDITURES 22,801.76 .00 .00 .00 .00 .00	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00 .00 .00 .00	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00 .00 .00	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0	ES AND EXPENDITURES MON/DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0 0	EXPENDITURES 22,801.76 .00 .00 .00 .00 .00 .00	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00 .00 .00 .00 .00	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00 .00 .00 .00	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON/DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0 0 0 0 0	EXPENDITURES 22,801.76 .00 .00 .00 .00 .00 .00 .00	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00 .00 .00 .00 .00 .00 .00	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00 .00 .00 .00 .00	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON/DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0 0 0 0 0 0 0	EXPENDITURES 22,801.76 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00 .00 .00 .00 .00 .00 .00 .00	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 6,363 03/14/05 GE
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON/DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 22,801.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 6,363 03/14/05 GE
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MON/DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 22,801.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0 0 0 0 0 0 0 0 0 285	ES AND EXPENDITURES MON/DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0 0 0 0 0 0 0 0 0 0 552	EXPENDITURES 22,801.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0 0 0 0 0 0 0 0 0 285 3	ES AND EXPENDITURES MON/DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0 0 0 0 0 0 0 0 0 552 3	EXPENDITURES 22,801.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0 0 0 0 0 0 0 0 285 3 11	ES AND EXPENDITURES MON/DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0 0 0 0 0 0 0 0 552 3 14	EXPENDITURES 22,801.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0 0 0 0 0 0 0 0 0 285 3	ES AND EXPENDITURES MON/DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0 0 0 0 0 0 0 0 0 552 3	EXPENDITURES 22,801.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0 0 0 0 0 0 0 0 285 3 11	ES AND EXPENDITURES MON/DENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0 0 0 0 0 0 0 0 552 3 14	EXPENDITURES 22,801.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0 0 0 0 0 0 0 0 0 285 3 11 156	ES AND EXPENDITURES MONDENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0 0 0 0 0 0 0 1 1 1 2 3 14 285	EXPENDITURES 22,801.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0 0 0 0 0 0 0 0 0 285 3 11 156 120	ES AND EXPENDITURES MONDENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0 0 0 0 0 0 0 1 1 1 2 552 3 14 285 121	EXPENDITURES 22,801.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 MADERA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 285 0 0 0 0 0 0 0 0 0 285 3 11 156 120 103	ES AND EXPENDITURES MONDENTAL ICES FOR PRESUMPTIVE E UNITS OF SERVICE OR DAYS OF CARE 552 \$ 0 0 0 0 0 0 0 1 1 1 2 552 3 14 285 121 129	EXPENDITURES 22,801.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 41.31 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7F 7G MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	C 2004 CHLY AVERA COST PER USER 80.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	PAGE 6,363 03/14/05 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

MENTALLY ILL	Λ	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	٧	.00	Ψ	.00	.000	۲	.00	Υ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	7	.00	7	.00	.000	7	.00	Т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	·	.00	·	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,092	3,527	\$	89,185.47	\$	25.29	.000	\$	81.67	\$.00
PATHOLOGY	1,092	3,527		89,185.47		25.29	.000		81.67		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,918	4,388	\$	396,090.58	\$	90.27	.000	\$	206.51	\$.00
CLINIC	455	1,803		75,060.07		41.63	.000		164.97		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,611	2,585		321,030.51		124.19	.000		199.27		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDIT	URES N	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2004 THRU	DEC	2004	PAGE	6,364
MOP024	FEE-FOR-SERVICE	E/DENTAL								0.3	3/14/05
MADERA COUNTY	SUMMARY OF SERV	JICES FOR PRESU	MPTIVE	E ELIGIBILITY-PREG	NANT	AID CODES	7F 7G				
									HLY AVERA	_	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	COST	r per

	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	156	156 \$	16,380.00	\$ 105.00	.000 \$	105.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	156	156	16,380.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
O+ MOMATO THE MILEGE TIMES ARE CITE	EN AC A CEDADAM	THEODMANTON THEM ONLY			·		

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,365 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MADERA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

MADERA COUNTY	SUMMARY OF SERV	ICES FOR	MEDI-CAI	L TU	BERCULOSIS PROGRAM	AID CODE	7H		
							MO	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
PRINCIPAL SURGEON	0	0									.00
ASSISTANT SURGEON	U	U		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	Ü	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00	'	.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
	0	0									
MEDICAL SUPPLIES	0	•	Ċ	.00	Ċ	.00	.000	ć	.00	Ċ	.00
@DENTIST	U	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
ALL OTHER SERVICES	· ·	· ·	70 1					DEC		DACE	.00
#CALIF DEPT OF HEALTH SERV			15 I	MONTH-OF-PAYMENT REI	PORT	FOR JAN 2	2004 THRU	DEC	2004	PAGE	,
MOP024	FEE-FOR-SERVICE/									0.3	/14/05
MADERA COUNTY	SUMMARY OF SERVI	CES FOR MEDI-CAI	L T'	UBERCULOSIS PROGRAM		AID CODE				~=	
									HLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		' PER
	_	OR DAYS OF CARE							USER		IBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
MEDICINE/INJECTIONS	Ö	0	7	.00	-	.00	.000	7	.00	7	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
	0	0	Ċ		ċ			ċ		Ċ	
@HOME HEALTH AGENCY	•	U	\$.00	Ş	.00	.000	Ş	.00	Ş	.00
NURSE ANESTHESIST	0	U	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	Ü	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00

	_						
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ô	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	0	O	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Ô	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 6,367
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
MADERA COUNTY	SUMMARY OF SERV	/ICES FOR MEDI-CAL TUE	BERCULOSIS PROGRAM	AID CODE	7H		
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00 111011110	05210	OR DAYS OF CARE	EMPLIONED	PER UNIT/DAY		USER	ELIGIBLE
ACOMMINITAL HORDINAL MOMAI	0		.00		.000 \$		
@COMMUNITY HOSPITAL TOTAL	0			·	·		·
COMM HOSP INPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ô	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	U	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	Ö	\$.00	\$.00	.000	\$.00	Ś	.00
MENTALLY ILL	0	0	7	.00	7	.00	.000	7	.00	4	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00	'	.00
LEV B-REHAB MD	0	Ö		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	•	.00		.00	.000		.00		.00
ICF DD	0	Ö		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0	0	7	.00	7	.00	.000	7	.00	7	.00
HEMODIALYSIS CENTER	0	Ö		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	Ō	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	7	.00	7	.00	.000	7	.00	7	.00
INDEPENDENT FACILITY	0	Ö		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
PATHOLOGY	0	Ö	•	.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	·	.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR:	ES MON	TH-OF-PAYMENT RE	PORT	FOR JAN 2	2004 THRU	DEC	2004	PAG	E 6,368
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MADERA COUNTY	SUMMARY OF SERVICES FOR	MEDI-CA	L TUBE	RCULOSIS PROGRAM		AID CODE	7H				
]	MONT	HLY AVERA	GE	
00 ELIGIBLES	USERS UNITS OF	F SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DA	YS	COST PER	CO	ST PER
	OR DAYS	OF CARE			PER	UNIT/DAY			USER		IGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	U	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00

PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00
G+ MOMATO TAL MURCE TIMES ADE CIVEN A	C A CEDADAME	TATEODA(A ELTONI	THEM ONT V.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,369 FEE-FOR-SERVICE/DENTAL

03/14/05

MADERA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MON	ITHLY AVERA	GE
236 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	277	1,826	\$	166,267.78	\$ 91.06	7.737	600.24	\$ 704.52
@PHYSICIANS SERVICES	175	859	\$	45,458.82	\$ 52.92	3.640	259.76	\$ 192.62
OUTPATIENT VISITS	105	511		13,611.17	26.64	2.165	129.63	57.67
OFFICE VISITS	14	14		491.64	35.12	.059	35.12	2.08
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	11	12		820.20	68.35	.051	74.56	3.48
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	84	485		12,299.33	25.36	2.055	146.42	52.12
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	17	52		4,640.01	89.23	.220	272.94	19.66

HOSPITAL VISITS	16	28		1,195.53		42.70	.119	74.72		5.07
	10	28 24		3,444.48		143.52	.119	3444.48		14.60
CRITICAL CARE SNF/ICF/TRANS IP CARE	0	24		•				.00		.00
- , - ,	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0								
EXAMINATIONS	ũ .	•		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	29	97		17,941.04		184.96	.411	618.66		76.02
PRINCIPAL SURGEON	22	22		16,009.74		727.72	.093	727.72		67.84
ASSISTANT SURGEON	2	2		328.38		164.19	.008	164.19		1.39
ANESTHESIOLOGIST	9	73		1,602.92		21.96	.309	178.10		6.79
OUTPATIENT SURGERY	18	38		3,386.73		89.12	.161	188.15		14.35
PRINCIPAL SURGEON	18	28		3,088.13		110.29	.119	171.56		13.09
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	10	10		298.60		29.86	.042	29.86		1.27
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	38	81		1,165.90		14.39	.343	30.68		4.94
RADIOLOGY	46	48		2,986.79		62.22	.203	64.93		12.66
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	16	24		865.39		36.06	.102	54.09		3.67
OTHER SERVICES/ALL X-OVERS	4	8		861.79		107.72	.034	215.45		3.65
@PHARMACY	73	154	\$	3,383.11	Ś	21.97	.653		Ś	14.34
PRESCRIPTION DRUGS	71	150		3,344.95	·	22.30	.636	47.11		14.17
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	71	150		3,344.95		22.30	.636	47.11		14.17
MEDICAL SUPPLIES	4	4		38.16		9.54	.017	9.54		.16
@DENTIST	0	4	\$	13.00	Ś	3.25	.017		Ś	.06
VISITS - DIAGNOSTIC	0	4	7	13.00	7	3.25	.017	.00	т.	.06
ORAL SURGERY	Ô	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0								
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	-	0	DEC	.00		.00	.000	.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		KES M	ONTH-OF-PAYMENT RE	EPOR'I	FOR JAN 20	JU4 THKU .	DEC 2004	P	AGE 6,370
MOP024	FEE-FOR-SERVICE/DENT	.'AL								03/14/05

MOP024 FEE-FOR-SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

111111111111111111111111111111111111111	001111111111111111111111111111111111111	0 _ 0 _ 0		001.021		00220	, , , , , , , , , , , , , , , , , , , ,	1				
								MC	TNC	HLY AVERA	GΕ	
236 ELIGIBLES	USERS	UNITS OF	SERVIC	₹.	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CAR	€.		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	83	325 \$	72,385.40	\$ 222.72	1.377 \$	872.11	\$ 306.72
HOSP INPATIENT TOTAL	20	58	65,731.40	1133.30	.246	3286.57	278.52
HSC HOSPITALS	14	32	45,315.19	1416.10	.136	3236.80	192.01
NON-HSC HOSPITAL TOTAL	6	26	20,416.21	785.24	.110	3402.70	86.51
ACCOMMODATIONS	6	26	7,502.10	288.54	.110	1250.35	31.79
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	26	7,502.10	288.54	.110	1250.35	31.79
ANCILLARIES	6	0	12,914.11	.00	.000	2152.35	54.72
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	74	267		24.92			28.19
HOSP OUTPATIENT TOTAL			6,654.00		1.131	89.92	
MEDICAL	1	1	7.55	7.55	.004	7.55	.03
SURGERY	4	4	233.97	58.49	.017	58.49	.99
PATHOLOGY	41	157	1,645.78	10.48	.665	40.14	6.97
RADIOLOGY	15	16	1,212.53	75.78	.068	80.84	5.14
ROOM USE	35	47	2,194.14	46.68	.199	62.69	9.30
CROSSOVERS/ALL OTH OUTPTNT	26	42	1,360.03	32.38	.178	52.31	5.76
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES M					PAGE 6,371
MOP024	FEE-FOR-SERVICE			DIORI TOR OTHER	2001 IIII(O DE	2001	03/14/05
MADERA COUNTY		CES FOR MINOR CONSE	NT AID CODES AID	CODES 7M 7P 7R	7 N		03/11/03
MADERA COUNTI	SOPPART OF SERVI	CES FOR MINOR CONSE	INI AID CODES AID	CODED /M /I /K	MON	THILY AWERA	GE
236 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
230 EDIGIDDES	OBERB	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	83	325 \$	72,385.40	\$ 222.72		872.11	
-		58					
COMM HOSP INPATIENT TOTAL	20		65,731.40	1133.30	.246	3286.57	278.52
HSC HOSPITALS	14	32	45,315.19	1416.10	.136	3236.80	192.01
NON-HSC HOSPITALS TOTAL	6	26	20,416.21	785.24	.110	3402.70	86.51
ACCOMMODATIONS	6	26	7,502.10	288.54	.110	1250.35	31.79
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	6	26		7,502.10		288.54	.110		1250.35		31.79
ANCILLARIES	6	0		12,914.11		.00	.000		2152.35		54.72
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	74	267		6,654.00		24.92	1.131		89.92		28.19
MEDICAL	1	1		7.55		7.55	.004		7.55		.03
SURGERY	4	4		233.97		58.49	.017		58.49		.99
PATHOLOGY	41	157		1,645.78		10.48	.665		40.14		6.97
RADIOLOGY	15	16		1,212.53		75.78	.068		80.84		5.14
ROOM USE	35	47		2,194.14		46.68	.199		62.69		9.30
CROSSOVERS/ALL OTH OUTPTNT	26	42		1,360.03		32.38	.178		52.31		5.76
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	·	.00	.000	•	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	·	.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000	•	.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	45	133	\$	2,446.91	\$	18.40	.564	\$	54.38	\$	10.37
PATHOLOGY	45	133		2,446.91	·	18.40	.564	•	54.38	•	10.37
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	82	337	\$	41,134.54	\$	122.06	1.428	\$	501.64	\$	174.30
CLINIC	40	221		4,968.35		22.48	.936		124.21		21.05
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	48	116		36,166.19		311.78	.492		753.46		153.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	JRES MO	NTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 6,372
MOP024	FEE-FOR-SERVICE	DENTAL									03/14/05
MADERA COUNTY	SUMMARY OF SERVI	CES FOR MINOR	CONSEN	T AID CODES AID	CODES	7M 7P 71	R 7N				
							N	TNON	HLY AVERA	GE .	
236 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVE	RAGE COS'	r UNITS/DAY	ZS.	COST PER		COST PER
		OD DAVO OF CAT	T		חחח	TINTEM /DAY	Z DED ETT	,	HOED		ET TOTRE

236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14	14	\$ 1,446.00	\$ 103.29	.059	\$ 103.29	\$ 6.13
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	14	14	1,446.00	103.29	.059	103.29	6.13

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	24	\$ 3,444.48	\$ 143.52	.102	\$ 3444.48	\$ 14.60
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,373
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

----- MONTHLY AVERAGE -----1,315 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2.057 \$ 157.33 \$ 103.61 @TOTAL, ALL PROVIDERS 866 2,705 136,243.64 \$ 50.37 .352 \$ 71.91 \$ 463 @PHYSICIANS SERVICES 259 18,624.83 \$ 40.23 14.16 190 258 48.43 OUTPATIENT VISITS 9,201.00 35.66 .196 7.00 131 33.61 OFFICE VISITS 144 4,402.49 30.57 .110 3.35 .00 56.55 .00 .00 HOME VISITS 0 0 .000 .00 .00 2,375.21 38 EMERGENCY ROOM 42 .032 62.51 1.81 0 0 PREVENTIVE CARE .00 .000 .00 .00 OB VISITS/COMPRE PERI 18 65 2,252.38 34.65 .049 125.13 1.71 7 OTHER OUTPATIENT 170.92 24.42 .005 24.42 .13 7 20 1,782.58 89.13 .015 254.65 INPATIENT VISITS HOSPITAL VISITS 13 694.22 53.40 .010 115.70 .53 1,088.36 7 CRITICAL CARE 155.48 .005 1088.36 . 83 0 .00 .00 .000 .00 SNF/ICF/TRANS IP CARE 231.16 57.79 .003 57.79 OPHTHALMOLOGICAL SERVICES .18 EXAMINATIONS 231.16 57.79 .003 57.79 .18 .00 .00 .000 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY 1,674.16 209.27 .006 334.83 1.27 1,301.16 216.86 .005 260.23 . 99 PRINCIPAL SURGEON 373.00 186.50 .002 186.50 ASSISTANT SURGEON ANESTHESIOLOGIST .00 0 .00 .00 .000 .00 13 21 2,148.85 102.33 165.30 OUTPATIENT SURGERY .016 1.63 10 13 141.57 184.04 1,840.44 .010 PRINCIPAL SURGEON 0 .00 ASSISTANT SURGEON 0 .00 .000 .00 .00 8 308.41 5 38.55 61.68 .23 ANESTHESIOLOGIST .006 .00 .00 .000 .00 DIALYSIS 53 765.73 PATHOLOGY 36 14.45 .040 21.27 .58 43 57 1,948.15 34.18 1.48 RADIOLOGY .043 45.31 PSYCHIATRY .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	6	6		210.21	35.04	.005	35.04		.16
OTHER SERVICES/ALL X-OVERS	24	36		662.99	18.42	.027	27.62		.50
@PHARMACY	403	861	\$	37,494.35	\$ 43.55	.655	\$ 93.04	\$ 2	8.51
PRESCRIPTION DRUGS	401	843		37,115.45	44.03	.641	92.56	2	8.22
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	401	843		37,115.45	44.03	.641	92.56	2	8.22
MEDICAL SUPPLIES	6	18		378.90	21.05	.014	63.15		.29
@DENTIST	70	396	\$	9,130.37	\$ 23.06	.301	\$ 130.43	\$	6.94
VISITS - DIAGNOSTIC	49	287		3,037.30	10.58	.218	61.99		2.31
ORAL SURGERY	13	22		1,094.00	49.73	.017	84.15		.83
DRUGS	2	4		70.00	17.50	.003	35.00		.05
ANESTHESIA	1	1		100.00	100.00	.001	100.00		.08
PERIODONTICS	4	4		346.00	86.50	.003	86.50		.26
ENDODONTICS	6	9		828.00	92.00	.007	138.00		.63
RESTORATIVE DENTISTRY	24	64		3,417.00	53.39	.049	142.38		2.60
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	1	2		.00	.00	.002	.00		.00
MAXILLOFACIAL SERVICES	1	1		98.07	98.07	.001	98.07		.07
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	2	2		140.00	70.00	.002	70.00		.11
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	EC 2004	PAGE	6 , 374
MOP024	FEE-FOR-SERVICE							03	/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR EDWARD	S CAS	ES IN PA-FAMILIES	AID CODE	E 38			
						MON	NTHLY AVERA	GE	
1,315 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES		T UNITS/DAYS		COST	PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	ELIG	IBLE
@OPTOMETRIST	10	20	\$	541.45	\$ 27.07	.015	\$ 54.15	\$.41
DIAGNOSTIC AND ANC. PROCED	10	11		412.90	37.54	.008	41.29		.31
EYE APPLIANCES	3	9		128.55	14.28	.007	42.85		.10
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00

@CHIROPRACTOR	8	12	\$	200.64	\$	16.72	.009	Ś	25.08	Ś	.15
VISITS	8	12	т	200.64	Τ.	16.72	.009	т	25.08	Τ	.15
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	٧	.00	Υ	.00	.000	7	.00	Υ	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	1	\$	74.86	\$	74.86	.001	Ċ	74.86	Ċ	.06
	0	0	\$								
NURSE ANESTHESIST	0	0	۶ \$.00	\$.00	.000		.00		.00
NURSE MIDWIFE	0	0	ې د	.00	\$.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	ş \$.00	\$.00		\$.00		.00
FAMILY NURSE PRACTITIONER	•			.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	105	376	\$	28,960.21	Ş	77.02	.286	Ş	275.81	Ş	22.02
HOSP INPATIENT TOTAL	5	15		17,686.30		1179.09	.011		3537.26		13.45
HSC HOSPITALS	1	2		2,250.00		1125.00	.002		2250.00		1.71
NON-HSC HOSPITAL TOTAL	4	13		15,436.30		1187.41	.010		3859.08		11.74
ACCOMMODATIONS	4	13		4,018.80		309.14	.010		1004.70		3.06
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	13		4,018.80		309.14	.010		1004.70		3.06
ANCILLARIES	4	0		11,417.50		.00	.000		2854.38		8.68
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	102	361		11,273.91		31.23	.275		110.53		8.57
MEDICAL	23	32		1,650.14		51.57	.024		71.75		1.25
SURGERY	9	11		957.70		87.06	.008		106.41		.73
PATHOLOGY	32	118		1,446.76		12.26	.090		45.21		1.10
RADIOLOGY	33	49		3 , 263.07		66.59	.037		98.88		2.48
ROOM USE	66	76		2,935.93		38.63	.058		44.48		2.23
CROSSOVERS/ALL OTH OUTPINT	39	75		1,020.31		13.60	.057		26.16		.78
@COUNTY HOSPITAL TOTAL	4	7	\$	180.02	\$	25.72	.005	\$	45.01	\$.14
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	7		180.02		25.72	.005		45.01		.14
MEDICAL	1	1		69.52		69.52	.001		69.52		.05
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		5.94		5.94	.001		5.94		.00
RADIOLOGY	1	2		26.56		13.28	.002		26.56		.02
ROOM USE	2	2		72.62		36.31	.002		36.31		.06
CROSSOVERS/ALL OTH OUTPINT		1		5.38		5.38	.001		5.38		.00
	MEDI-CAL SERVICES		ES MON		EPOR'						AGE 6,375
MOP024	FEE-FOR-SERVICE/D										03/14/05
MADERA COUNTY	SUMMARY OF SERVIC		CASES	IN PA-FAMILIES		AID CODE 3	38				,, 00
								ОИТ	HLY AVERA	GE -	
1,315 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AV	ERAGE COST U				-	COST PER
,		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	101	369		28,780.19	\$.281				21.89
000000000000000000000000000000000000000	± 0 ±	2 2 3		20, 100.13	т.			т	_01.00	т	

COMM HOSP INPATIENT TOTAL	5	1	5		17,686.30		1179.09		011		3537.26		13.45
HSC HOSPITALS	1		2		2,250.00		1125.00		002		2250.00		1.71
NON-HSC HOSPITALS TOTAL	4	1			15,436.30		1187.41		010		3859.08		11.74
ACCOMMODATIONS	4	1			4,018.80		309.14		010		1004.70		3.06
	4		0		-								
ADMINISTRATIVE DAYS	U				.00		.00		000		.00		.00
TRANSITIONAL IP CARE	U		0		.00		.00		000		.00		.00
ALL OTHER ACCOM	4	1			4,018.80		309.14		010		1004.70		3.06
ANCILLARIES	4		0		11,417.50		.00		000		2854.38		8.68
INPATIENT CROSSOVERS	0		0		.00		.00		000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00		000		.00		.00
COMM HOSP OUTPATIENT TOTAL	98	35	4		11,093.89		31.34		269		113.20		8.44
MEDICAL	22	3	1		1,580.62		50.99		024		71.85		1.20
SURGERY	9	1	1		957.70		87.06		800		106.41		.73
PATHOLOGY	31	11	7		1,440.82		12.31		089		46.48		1.10
RADIOLOGY	32	4			3,236.51		68.86		036		101.14		2.46
ROOM USE	64	7			2,863.31		38.69		056		44.74		2.18
CROSSOVERS/ALL OTH OUTPINT	38		4		1,014.93		13.72		056		26.71		.77
	0			\$.00	\$.00		000	ċ	.00	ċ	.00
@STATE HOSPITAL	0			Ą		Ş				Ą		ې	
MENTALLY ILL			0		.00		.00		000		.00		.00
DEVELOP. DISABLED	0		0	_	.00	_	.00		000	_	.00	_	.00
@NURSING FACILITY	0			\$.00	\$.00		000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0		0		.00		.00		000		.00		.00
LEV B-REHAB MD	0		0		.00		.00		000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00		000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00		000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00		000		.00		.00
LEV B-REGULAR	0		0		.00		.00		000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0 :	\$.00	\$.00		000	\$.00	\$.00
ICF DDH	0		0		.00		.00		000		.00		.00
ICF DD	0		0		.00		.00		000		.00		.00
ICF DDN/DDCN	0		0		.00		.00		000		.00		.00
@HEMODIALYSIS TOTAL	0			\$.00	\$.00		000	\$.00	Ś	.00
HOSPITAL BASED	0		0	Τ	.00	т	.00		000	Τ.	.00	Τ.	.00
HEMODIALYSIS CENTER	0		0		.00		.00		000		.00		.00
@REHABILITATION FACILITY	0			\$.00	\$.00		000	\$.00	Ġ	.00
HOSPITAL BASED	0		0	Y	.00	Ÿ	.00		000	Y	.00	Y	.00
	0		0		.00		.00		000		.00		.00
INDEPENDENT FACILITY	37	11		\$		\$	13.27		087	Ċ	41.24	Ċ	1.16
@LABORATORY FACILITY	37			Ą	1,525.70	Ş				Ą		ې	
PATHOLOGY		11			1,525.70		13.27		087		41.24		1.16
XO AND OTHERS	0		0		.00		.00		000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	194	29		\$	37,638.78	\$	126.30		227	\$	194.01	Ş	28.62
CLINIC	19	7			1,839.51		25.91		054		96.82		1.40
SURGICENTER	4	1			640.63		37.68		013		160.16		.49
HEROIN DETOX CLINIC	0		0		.00		.00		000		.00		.00
RURAL HEALTH CLINIC	173	21			35 , 158.64		167.42		160		203.23		26.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		ITURE	S MON'	TH-OF-PAYMENT RE	EPORT	' FOR JAN 2	2004 I	HRU	DEC	2004	P	AGE 6,376
MOP024	FEE-FOR-SERVICE												03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR EDW	ARDS (CASES	IN PA-FAMILIES		AID CODE	38					
									M	IONT	HLY AVERA	GΕ	
1,315 ELIGIBLES	USERS	UNITS OF SER	VICE		EXPENDITURES	AVE	RAGE COST	UNITS	/DAY	S (COST PER		COST PER
		OR DAYS OF	CARE			PER	UNIT/DAY	PER	ELIG	j	USER		ELIGIBLE
@ALL OTHER PROVIDERS	51	16	3	\$	2,052.45	\$	12.59		124	\$	40.24	\$	1.56
DURABLE MED. EQUIP.	0		0		.00		.00		000		.00		.00
BLOOD BANK	0		0		.00		.00		000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00		000		.00		.00
MEDICAL TRANSPORTATION	6	6	2		754.10		12.16		047		125.68		.57

AMBULANCES/AIR TRANS	6	62		754.10	12.16	.047	125.68	.57
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2		210.00	105.00	.002	105.00	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	9	17		150.88	8.88	.013	16.76	.11
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2		82.92	41.46	.002	82.92	.06
PROSTHETICS	1	2		82.92	41.46	.002	82.92	.06
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31	78		838.53	10.75	.059	27.05	.64
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2		16.02	8.01	.002	8.01	.01
@CALIF. CHILDREN SERVICES*	4	14	\$	868.20	\$ 62.01	.011	\$ 217.05	\$.66
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
O. H. MOMATO TAX MILEON TIMES AND CITIES		TATEODA CA EL CAT	TERM ONT					

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,377 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MADERA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

	MON							GE -	
280 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@TOTAL, ALL PROVIDERS	106	598	\$	34,750.98	\$ 58.11	2.136	\$ 327.84	\$	124.11
@PHYSICIANS SERVICES	34	85 \$	\$	3,164.90	\$ 37.23	.304	\$ 93.09	\$	11.30
OUTPATIENT VISITS	22	29		974.60	33.61	.104	44.30		3.48
OFFICE VISITS	16	20		568.55	28.43	.071	35.53		2.03
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	7	8		360.33	45.04	.029	51.48		1.29
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	1	1		45.72	45.72	.004	45.72		.16
INPATIENT VISITS	1	3		120.99	40.33	.011	120.99		.43
HOSPITAL VISITS	1	3		120.99	40.33	.011	120.99		.43
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	2	2		92.88	46.44	.007	46.44		.33
EXAMINATIONS	2	2		92.88	46.44	.007	46.44		.33
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	1	1		1,088.56	1088.56	.004	1088.56		3.89
PRINCIPAL SURGEON	1	1		1,088.56	1088.56	.004	1088.56		3.89
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	1	2		125.36	62.68	.007	125.36		.45
PRINCIPAL SURGEON	1	2		125.36	62.68	.007	125.36		.45

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	18		138.16		7.68	.064		27.63		.49
RADIOLOGY	13	21		459.78		21.89	.075		35.37		1.64
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	5	9		164.57		18.29	.032		32.91		.59
@PHARMACY	66	265	\$	15,525.46	\$!	58.59	.946	\$	235.23	\$	55.45
PRESCRIPTION DRUGS	66	235		14,472.17	(61.58	.839		219.28		51.69
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	66	235		14,472.17	(61.58	.839		219.28		51.69
MEDICAL SUPPLIES	14	30		1,053.29	;	35.11	.107		75.24		3.76
@DENTIST	3	12	\$	160.00	\$	13.33	.043	\$	53.33	\$.57
VISITS - DIAGNOSTIC	1	9		78.00		8.67	.032		78.00		.28
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	3		82.00		27.33	.011		41.00		.29
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-	OF-PAYMENT REI	PORT F	OR JAN 20	04 THRU	DEC 2	004	PA	AGE 6,378
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

	00111111111 01 01111	. 1020 101. 001 1111	 1,250 11, 111 5101152		.12 00220 01	M	ONT	HLY AVERA	GE.	
280 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4	15	\$ 348.77	\$	23.25	.054	\$	87.19	\$	1.25
DIAGNOSTIC AND ANC. PROCED	4	4	189.80		47.45	.014		47.45		.68
EYE APPLIANCES	4	11	158.97		14.45	.039		39.74		.57
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	1	1	\$ 16.72	\$	16.72	.004	\$	16.72	\$.06
VISITS	1	1	16.72		16.72	.004		16.72		.06
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$ 34.30	\$	34.30	.004	\$	34.30	\$.12
MEDICINE/INJECTIONS	1	1	34.30		34.30	.004		34.30		.12
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	25	79	\$ 6 , 372.91	\$	80.67	.282	\$	254.92	\$	22.76
HOSP INPATIENT TOTAL	2	3	3,375.02		1125.01	.011		1687.51		12.05
HSC HOSPITALS	2	3	3,375.02		1125.01	.011		1687.51		12.05
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

MADERA COUNTY

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	24	76	2,997.89	39.45	.271	124.91	10.71
MEDICAL	5	8	369.37	46.17	.029	73.87	1.32
SURGERY	5	6	101.15	16.86	.021	20.23	.36
PATHOLOGY	7	16	208.70	13.04	.057	29.81	.75
RADIOLOGY	10	19	1,481.74	77.99	.068	148.17	5.29
ROOM USE	16	19	743.49	39.13	.068	46.47	2.66
CROSSOVERS/ALL OTH OUTPINT	6	8	93.44	11.68	.029	15.57	.33
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 6,379

MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P 03/14/05

MADERA COUNTY	SUMMARY OF SERV.	ICES FOR SSI APP	ĽAL/N.	LDC IN PA-DISABLE	ED AID	CODES 61		O. T.		C T	
200 811618189	HOEDO	INITES OF SERVICE			3.7700	. C	M				
280 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
	0.5	OR DAYS OF CARE		6 200 21			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	25	79	\$	6,372.91	\$	80.67		Ş	254.92	Ş	22.76
COMM HOSP INPATIENT TOTAL	2	3		3,375.02		L25.01	.011		1687.51		12.05
HSC HOSPITALS	2	3		3,375.02	11	L25.01	.011		1687.51		12.05
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0 0 0 0 0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	()		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0 24	76		2,997.89		39.45	.271		124.91		10.71
MEDICAL	5	8		369.37		46.17	.029		73.87		1.32
SURGERY	5	6		101.15		16.86	.021		20.23		.36
PATHOLOGY	7	16		208.70		13.04	.057		29.81		.75
RADIOLOGY	10	19		1,481.74		77.99	.068		148.17		5.29
ROOM USE	16	19		743.49		39.13	.068		46.47		2.66
CROSSOVERS/ALL OTH OUTPTNT	6	Ω Ω		93.44		11.68	.029		15.57		.33
@STATE HOSPITAL	0	76 8 6 16 19 19	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
MENTALLY ILL	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00	.000	ċ	.00	Ċ	.00
@NURSING FACILITY	0	0	P		Ş			Þ		Ş	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	•	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	-			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10 10	38	\$	331.48	\$	8.72	.136	\$	33.15	\$	1.18
PATHOLOGY	10	38	·	331.48		8.72	.136		33.15	•	1.18
XO AND OTHERS	\cap	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	36	70	Ś	8,083.65	\$ 1	L15.48	.250	Ś	224.55	Ś	28.87
CLINIC	0	0	-	.00	,	.00	.000	7	.00	т.	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	3	27		314.55		11.65	.096		104.85		1.12
RURAL HEALTH CLINIC	33	43		7,769.10		L80.68	.154		235.43		27.75
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	FS MO					DEC		Б	AGE 6,380
MOP024	FEE-FOR-SERVICE		LIO INO.	MIN OF EWINDMI KI	PE OVI I	OIN UMIN 2	LUUI FUUL	∪نار	2004	P	03/14/05
MADERA COUNTY		DENTAL ICES FOR SSI APP	יאר / דרים	דר או דר הדר ארד ד	חדג חם	CODEC C	VI 6D				03/14/05
MADERA COUNTI	SUMMARI OF SERV.	ICES FOR SSI APP	ьаь/ N.	THE TH FA-NISARPE	PD AID	CODES OF			יים מודע עדוו	CE	
200 ELICIDIES	HCEDC	IINITEC OF CEDUTOR		EADEMDIMIDEG	7 7777 7	VCE COCE	M				

280 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11	32 \$	712.79	\$ 22.27	.114 \$	64.80	\$ 2.55
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	12	490.16	40.85	.043	122.54	1.75
AMBULANCES/AIR TRANS	4	12	490.16	40.85	.043	122.54	1.75
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	13	135.49	10.42	.046	22.58	.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	7	87.14	12.45	.025	43.57	.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	25 \$	1,354.56	\$ 54.18	.089 \$	338.64	\$ 4.84
@XOVER EXCLUDING STATE HOSP**	1	1 \$	24.00	\$ 24.00	.004 \$	24.00	\$.09

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,381 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MADERA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

SOUTHWILL OF SERV	VICES FOR	CIVALG	CHCA	AGED IN LA AGED		AID CODE	1 LL				
							M	ONT	HLY AVERA	GE	
USERS	UNITS OF	SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S (COST PER		COST PER
	OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
217	4	1,310	\$	276,573.21	\$	64.17	11.873	\$	1274.53	\$	761.91
23		55	\$	677.10	\$	12.31	.152	\$	29.44	\$	1.87
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
2		2		28.01		14.01	.006		14.01		.08
2		2		28.01		14.01	.006		14.01		.08
0		0		.00		.00	.000		.00		.00
	USERS 217	USERS UNITS OF OR DAYS	USERS UNITS OF SERVICE OR DAYS OF CARE 217 4,310	USERS UNITS OF SERVICE OR DAYS OF CARE 217 4,310 \$	USERS UNITS OF SERVICE OR DAYS OF CARE 217	USERS UNITS OF SERVICE OR DAYS OF CARE 217	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 217 4,310 \$ 276,573.21 \$ 64.17 23 55 \$ 677.10 \$ 12.31 0 0 0 .00 .00 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 217	USERS UNITS OF SERVICE OR DAYS OF CARE 217	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER 217	USERS UNITS OF SERVICE OR DAYS OF CARE 217

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	53	649.09	12.25	.146	30.91	1.79
@PHARMACY	161	1,955 \$	50,240.83	\$ 25.70	5.386		\$ 138.40
PRESCRIPTION DRUGS	152	636	48,130.15	75.68	1.752	316.65	132.59
SNF/ICF	57	384	27,872.54	72.58	1.058	488.99	76.78
OUTPATIENTS	96	252	20,257.61	80.39	.694	211.02	55.81
MEDICAL SUPPLIES	16	1,319	2,110.68	1.60	3.634	131.92	5.81
@DENTIST	3	13 \$	967.00	\$ 74.38	.036		
VISITS - DIAGNOSTIC	1	2	70.00	35.00	.006	70.00	.19
ORAL SURGERY	1	5	237.00	47.40	.014	237.00	.65
DRUGS	1	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
PERIODONTICS	0	0		.00			
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	· ·	U	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	6	660.00	110.00	.017	330.00	1.82
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES N	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DI	EC 2004	PAGE 6,382
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
MADERA COUNTY	SUMMARY OF SERV	VICES FOR CRAIG CASES	S- AGED IN PA-AGED	AID CODE	E 1E		
					MOI	NTHLY AVERA	GE
363 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	4	11 \$	155.66	\$ 14.15	.030	\$ 38.92	\$.43
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	3	9	146.05	16.23	.025	48.68	.40

363 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	4	11	\$ 155.66	\$	14.15	.030	\$	38.92	\$.43
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	3	9	146.05		16.23	.025		48.68	.40
OTHER OPTOMETRIC SERVICES	1	2	9.61		4.81	.006		9.61	.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	7	7	\$ 26.45	\$	3.78	.019	\$	3.78	\$.07
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	7	7	26.45		3.78	.019		3.78	.07
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000		•
@TOTAL HOSPITAL	5	5 \$	1,895.81	\$	379.16	.014		•
HOSP INPATIENT TOTAL	2	0	1,716.00		.00	.000	858.00	4.73
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
	0	0						
ALL OTHER ACCOM	U	U	.00		.00	.000	.00	.00
ANCILLARIES	Ü	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	1,716.00		.00	.000	858.00	4.73
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	5	179.81		35.96	.014	59.94	.50
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
ROOM USE	0	0	.00		.00	.000	.00	.00
	0	5						.50
CROSSOVERS/ALL OTH OUTPTNT	3	5	179.81	<u> </u>	35.96	.014	59.94	
@COUNTY HOSPITAL TOTAL	Ü	0 \$.00	\$.00	.000		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
	0	0						
ALL OTHER INPATIENT	Ü	0	.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	Ü	U	.00		.00	.000	.00	.00
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
ROOM USE	0	0	.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO		EPORT				PAGE 6,383
MOP024	FEE-FOR-SERVICE/DE		01,111 01 11111111111 11			2001 111110 21	20 2001	03/14/05
MADERA COUNTY		S FOR CRAIG CASES	- AGED IN PA-AGED		AID CODE	7 1 ਵ		03/11/03
MADERA COUNTI	SOMMAN OF SERVICE	IS FOR CRAIG CASES	AGED IN IA AGED		AID CODI		THLY AVERA	`F
363 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	7/ 7/ 7/ 7	DACE COCH	UNITS/DAYS		COST PER
202 FFIGIPLES		OR DAYS OF CARE	EVEFUDITORES					
0.000,000,000,000,000,000,000,000,000,0			1 005 01			PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	5 \$	1,895.81	\$.014		•
COMM HOSP INPATIENT TOTAL	2	0	1,716.00		.00	.000	858.00	4.73
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
	2	0	1,716.00				858.00	4.73
INPATIENT CROSSOVERS	2	0	•		.00	.000		
ALL OTHER INPATIENT	U	0	.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	5	179.81		35.96	.014	59.94	.50
MEDICAL	0	0	.00		.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	5	179.81	35.96	.014	59.94	.50
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	59	1,622	\$ 219,037.84	\$ 135.04	4.468	\$ 3712.51	\$ 603.41
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	59	1,622	219,037.84	135.04	4.468	3712.51	603.41
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$ 7.70	\$ 3.85	.006	\$ 3.85	\$.02
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	2	2	7.70	3.85	.006	3.85	.02
@ORGANIZED OUTPATIENT CLINIC	24	28	\$ 784.20	\$ 28.01	.077	\$ 32.68	\$ 2.16
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 28 784.20 28.01 .077 32.68 2.16 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,384

03/14/05

FEE-FOR-SERVICE/DENTAL

1101 024	THE FOR SHIVE	ואדאום / נו							03/14/03
MADERA COUNTY	SUMMARY OF SER	VICES FOR	CRAIG C	ASES-	AGED IN PA-AGED	AID COD	E 1E		
							MO	NTHLY AVERA	GE
363 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	_	USER	ELIGIBLE
@ALL OTHER PROVIDERS	24		612	\$	2 , 780.62	\$ 4.54	1.686		•
DURABLE MED. EQUIP.	1		31		457.61	14.76	.085	457.61	1.26
BLOOD BANK	0		0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10		550		1,364.91	2.48	1.515	136.49	3.76
AMBULANCES/AIR TRANS	1		3		114.26	38.09	.008	114.26	.31
OTHER TRANS	9		547		1,250.65	2.29	1.507	138.96	3.45
OTHER SERVICES	0		0		.00	.00	.000	.00	.00
ACUPUNCTURE	0		0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0		.00	.00	.000	.00	.00
OPTICIAN	0		0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
ORTHOTICS	0		0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3		7		790.36	112.91	.019	263.45	2.18
HOSPICE SERVICES	0		0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10		24		167.74	6.99	.066	16.77	.46
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000		
@XOVER EXCLUDING STATE HOSP**	55		99	\$	9,404.82	\$ 95.00	.273	\$ 171.00	\$ 25.91

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,385 MOP024 03/14/05 FEE-FOR-SERVICE/DENTAL MADERA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

						MON	THLY AVERA	GE
15 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	}		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	20	267	\$	64,857.94	\$ 242.91	17.800 \$	3242.90	\$ 4323.86
@PHYSICIANS SERVICES	5	33	\$	1,378.46	\$ 41.77	2.200 \$	275.69	\$ 91.90
OUTPATIENT VISITS	3	3		156.08	52.03	.200	52.03	10.41
OFFICE VISITS	2	2		48.00	24.00	.133	24.00	3.20
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		108.08	108.08	.067	108.08	7.21
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	3	26		1,190.80	45.80	1.733	396.93	79.39

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	3		26		1,190.80		45.80	1.733		396.93		79.39
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		3		20.76		6.92	.200		10.38		1.38
PSYCHIATRY	2		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1		1		10.82		10.82	.067		10.82		.72
@PHARMACY	18		80	Ś	5,642.00	\$	70.53		\$	313.44	ċ	376.13
PRESCRIPTION DRUGS	17		71	ې	5,140.33	Ą	72.40	4.733	ې	302.37	۲	342.69
SNF/ICF	6		35		1,946.24		55.61	2.333		302.37		129.75
OUTPATIENTS	11		36		3,194.09		88.72	2.400		290.37		212.94
MEDICAL SUPPLIES	6		9		5,194.09		55.74	.600		83.61		33.44
	0		0	ċ	.00	Ś	.00	.000	\$.00	Ś	.00
@DENTIST	0		0	\$.00	Ą	.00	.000	Ş	.00	Þ	.00
VISITS - DIAGNOSTIC ORAL SURGERY	0		0		.00		.00	.000		.00		.00
	0		0		.00					.00		
DRUGS	0		0				.00	.000				.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0				.00	.000				.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000				.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00			.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0				.00	.000				.00
FRACTURES, DISLOCATIONS	U		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	V VEDT CAT CEDITO	TEC AND EV	O	DEC MC	.00		.00	.000	DEC	.00	D.	.00
#CALIF DEPT OF HEALTH SERV			PENDITU	RES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 6,386
MOPO24	FEE-FOR-SERVICE		CDATC	CA CEC		NID	3.10.000	D 0D				03/14/05
MADERA COUNTY	SUMMARY OF SERV	TCES FOR	CRAIG	CASES-	- BLIND IN PA-BLIN	ND	AID COD		O. T.T.		C F	
15 81 1018180	HOEDO	IINITEG OF	CEDITE	-		7.7.7	DAGE GOGE	M			-	
15 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY		COST PER		COST PER
A O DECMEED TOE	^	OR DAYS			0.0		. UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	Þ	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00

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EYE APPLIANCES

OTHER SERVICES

SURGERY/ANES.

MEDICINE/INJECTIONS

@CHIROPRACTOR

VISITS

@PODIATRIST

OTHER OPTOMETRIC SERVICES

DADIO /DAMIOLOGY	0	0	.00	0.0	000	.00	0.0
RADIO./PATHOLOGY	0			.00	.000		.00
OTHER		0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	·
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	Ü	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
NON-HSC HOSPITALS TOTAL	0	0			.000		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES I					PAGE 6,387
MOP024	FEE-FOR-SERVICE			101(1 101(0111()	ZOOI IIIKO DEK	2001	03/14/05
MADERA COUNTY		ICES FOR CRAIG CASES	S- BITND IN PA-BITN	ND AID COD	E 2E		03/11/00
THIDDIUL COONTT	DOINTING OF BEIN	TODO TOTO CIUTTO CITODI	DELIND IN 171 BEIT	1110 COD	MON'	THIY AVERA	GE
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
13 ED101DE5	OSERS	OR DAYS OF CARE	EXIENDITONES	PER UNIT/DAY		USER	ELIGIBLE
ACOMMINITAN HOCDIANI TOTAL	0	0 \$.00	\$.00	.000 \$		
@COMMUNITY HOSPITAL TOTAL				•	·		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0		0	.00		.00	.000		.00		.00
ANCILLARIES	0		0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0	.00		.00	.000		.00		.00
MEDICAL	0		0	.00		.00	.000		.00		.00
	0		0	.00					.00		
SURGERY	0		0			.00	.000				.00
PATHOLOGY	U		0	.00		.00	.000		.00		.00
RADIOLOGY	Ü		0	.00		.00	.000		.00		.00
ROOM USE	0		0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0	.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0	.00		.00	.000		.00		.00
@NURSING FACILITY	5	14	16 \$	57,768.08	\$	395.67	9.733	\$	11553.62	\$	3851.21
LEV A-INTERMEDIATE	0		0	.00	·	.00	.000		.00		.00
LEV B-REHAB MD	0		0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0	.00		.00	.000		.00		.00
	0	(92	47,915.18							
LEV B-SUBACUTE HSPTL BASED	3	3				520.82	6.133		15971.73		3194.35
LEV B-TRANSITIONAL IP CARE	U	_	0	.00		.00	.000		.00		.00
LEV B-REGULAR	2		54	9,852.90		182.46	3.600		4926.45		656.86
@INTERMEDIATE CARE FACILDD	0		0 \$.00	\$.00	.000	\$		\$.00
ICF DDH	0		0	.00		.00	.000		.00		.00
ICF DD	0		0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	·	.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	٧	.00	.000	٣	.00	Ψ.	.00
INDEPENDENT FACILITY	0		0	.00		.00	.000		.00		.00
	0				Ċ			Ċ		Ċ	
@LABORATORY FACILITY	1		8 \$	69.40	\$	8.68	.533	Ş		\$	4.63
PATHOLOGY	1		8	69.40		8.68	.533		69.40		4.63
XO AND OTHERS	O		0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0 \$.00	\$.00	.000	\$		\$.00
CLINIC	0		0	.00		.00	.000		.00		.00
SURGICENTER	0		0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENI	DITURES M	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC		P.	AGE 6,388
MOP024	FEE-FOR-SERVICE										03/14/05
MADERA COUNTY			ATG CASES	S- BLIND IN PA-BLI	ND	AID COD	E 2E				, = -,
PIADERA COUNTI	SOMMAN OF SERV	ICES FOR CIV	AIG CADEL	DBIND IN IA BEI	IND	AID COD	M	ONT	HIV AVERA	CF.	
15 ELIGIBLES	USERS	UNITS OF SEE	OTT CE	EXPENDITURES	7/17/2	DACE COCH	UNITS/DAY		COST PER	_	COST PER
10 FFIGIPTES	USERS			EXPENDITURES				-			
	2	OR DAYS OF		0.0		R UNIT/DAY	_		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0 \$.00	\$.00	.000	Ş	.00	Ş	.00
DURABLE MED. EQUIP.	0		0	.00		.00	.000		.00		.00
BLOOD BANK	0		0	.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0	.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0	.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0	.00		.00	.000		.00		.00
OTHER TRANS	0		0	.00		.00	.000		.00		.00
OTHER SERVICES	0		0	.00		.00	.000		.00		.00
ACUPUNCTURE	0		0	.00		.00	.000		.00		.00
	0		0	.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING											
GENETIC DISEASE TESTING	0		0	.00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	1	\$	3,419.69	\$ 3419.69	.067	\$ 1709.85	\$ 227.98

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,389
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

----- MONTHLY AVERAGE -----922 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 33,175 \$ 493,223.01 \$ 14.87 35.982 \$ 850.38 \$ 534.95 @TOTAL, ALL PROVIDERS 580 @PHYSICIANS SERVICES 115 349 10,566.97 \$ 30.28 .379 \$ 91.89 \$ 11.46 59 2,535.14 1,316.21 58.96 2.75 OUTPATIENT VISITS 43 42.97 .064 28 40 32.91 .043 47.01 1.43 OFFICE VISITS

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	13	14	1,044.57	74.61	.015	80.35	1.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	174.36	34.87	.005	34.87	.19
INPATIENT VISITS	10	49	2,608.84	53.24	.053	260.88	2.83
HOSPITAL VISITS	8	46	2,022.80	43.97	.050	252.85	2.19
CRITICAL CARE	2	3	586.04	195.35	.003	293.02	.64
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	66.44	33.22	.002	33.22	.07
EXAMINATIONS	2	2	66.44	33.22	.002	33.22	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	4	580.41	145.10	.004	145.10	.63
PRINCIPAL SURGEON	3	3	458.30	152.77	.003	152.77	.50
ASSISTANT SURGEON	1	1	122.11	122.11	.001	122.11	.13
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	185.22	92.61	.002	185.22	.20
PRINCIPAL SURGEON	<u></u>	<u>-</u>	120.63	120.63	.001	120.63	.13
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	64.59	64.59	.001	64.59	.07
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	13	162.20	12.48	.014	18.02	.18
RADIOLOGY	28	56	1,329.21	23.74	.061	47.47	1.44
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	12.43	6.22	.002	6.22	.01
OTHER SERVICES/ALL X-OVERS	68	162	3,087.08	19.06	.176	45.40	3.35
@PHARMACY	375	5,131 \$	133,950.04	\$ 26.11	5.565 \$		
PRESCRIPTION DRUGS	361	1,509	127,293.10	84.36	1.637	352.61	138.06
SNF/ICF	43	260	15,641.96	60.16	.282	363.77	16.97
	319				1.355	350.00	121.10
OUTPATIENTS	40	1,249 3,622	111,651.14 6,656.94	89.39 1.84	3.928	166.42	7.22
MEDICAL SUPPLIES	28	•	•	\$ 27.12			
@DENTIST	28		3,932.00	•	.157 \$	140.43	•
VISITS - DIAGNOSTIC	3	120 5	1,272.00	10.60	.130	57.82 86.00	1.38
ORAL SURGERY	0		258.00	51.60	.005		.28
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0		.00	.00	.000	.00	.00
PERIODONTICS	U	0	.00	.00	.000	.00	.00
ENDODONTICS	Ţ	1	260.00	260.00	.001	260.00	.28
RESTORATIVE DENTISTRY	5	13	362.00	27.85	.014	72.40	.39
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	2	4	1,750.00	437.50	.004	875.00	1.90
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU DE	2004	PAGE 6,390
	FEE-FOR-SERVICE						03/14/05
MADERA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASES-	DISABLED IN PA-I	DISABLED AID C			
					MON'	THLY AVERA	GE
922 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	15	31 \$	633.97				·
DIAGNOSTIC AND ANC. PROCED	7	7	247.13	35.30		35.30	.27
EYE APPLIANCES	10	22	379.03	17.23		37.90	.41
OTHER OPTOMETRIC SERVICES	1	2	7.81	3.91	.002	7.81	.01

@CHIROPRACTOR	3	3	\$	50.16	\$	16.72	.003	\$	16.72	\$.05
VISITS	1	1		16.72		16.72	.001		16.72		.02
OTHER SERVICES	2	2		33.44		16.72	.002		16.72		.04
@PODIATRIST	12	17	\$	150.68	\$	8.86	.018	\$	12.56	\$.16
MEDICINE/INJECTIONS	2	2		48.00		24.00	.002		24.00		.05
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	10	15		102.68		6.85	.016		10.27		.11
@HOME HEALTH AGENCY	11	1,289	\$	42,933.57	\$	33.31	1.398	\$	3903.05	\$	46.57
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	40.00	\$	40.00	.001	\$	40.00	\$.04
@TOTAL HOSPITAL	69	333	\$	72,977.33	\$	219.15	.361	\$	1057.64	\$	79.15
HOSP INPATIENT TOTAL	10	45		65,371.46		1452.70	.049		6537.15		70.90
HSC HOSPITALS	5	36		48,430.00		1345.28	.039		9686.00		52.53
NON-HSC HOSPITAL TOTAL	3	9		15,189.46		1687.72	.010		5063.15		16.47
ACCOMMODATIONS	3	9		2,970.75		330.08	.010		990.25		3.22
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	9		2,970.75		330.08	.010		990.25		3.22
ANCILLARIES	3	0		12,218.71		.00	.000		4072.90		13.25
INPATIENT CROSSOVERS	2	0		1,752.00		.00	.000		876.00		1.90
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	61	288		7,605.87		26.41	.312		124.69		8.25
MEDICAL	12	25		1,144.05		45.76	.027		95.34		1.24
SURGERY	2	2		109.72		54.86	.002		54.86		.12
PATHOLOGY	13	45		554.69		12.33	.049		42.67		.60
RADIOLOGY	22	29		2,774.17		95.66	.031		126.10		3.01
ROOM USE	17	21		1,023.88		48.76	.023		60.23		1.11
CROSSOVERS/ALL OTH OUTPINT	37	166		1,999.36		12.04	.180		54.04		2.17
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT R	REPOR	RT FOR JAN	2004 THRU	DEC	2004	PI	AGE 6,391
MOP024	FEE-FOR-SERVIC	,									03/14/05
MADERA COUNTY	SUMMARY OF SER	VICES FOR CRAIG	CASES	S- DISABLED IN PA-	DISA	BLED AID C				C E	
922 ELIGIBLES	USERS	UNITS OF SERVIC	C.	EADEMULUIDE G	7\ \ 7	TEDACE COCH	M			-	COST PER
ASS ETTRIBLES	USEKS			EXPENDITURES							
@COMMUNITY HOSPITAL TOTAL	69	OR DAYS OF CAR	.E. \$	72,977.33		R UNIT/DAY 219.15			USER 1057.64		ELIGIBLE 79.15
GCOLLIONIII UOSEIIAL IOIAL	09	333	۲	12,311.33	۲	213.13	. 201	٢	1037.04	ې	13.13

COMM HOSP INPATIENT TOTAL	10	45		65,371.46		1452.70	.049		6537.15		70.90
HSC HOSPITALS	5	36		48,430.00		1345.28	.039		9686.00		52.53
NON-HSC HOSPITALS TOTAL	3	9		15,189.46		1687.72	.010		5063.15		16.47
ACCOMMODATIONS	3	9		2,970.75		330.08	.010		990.25		3.22
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	9		2,970.75		330.08	.010		990.25		3.22
ANCILLARIES	3	0		12,218.71		.00	.000		4072.90		13.25
INPATIENT CROSSOVERS	2	0		1,752.00		.00	.000		876.00		1.90
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	61	288		7,605.87		26.41	.312		124.69		8.25
MEDICAL	12	25		1,144.05		45.76	.027		95.34		1.24
SURGERY	2	2		109.72		54.86	.002		54.86		.12
PATHOLOGY	13	45		554.69		12.33	.049		42.67		.60
RADIOLOGY	22	29		2,774.17		95.66	.031		126.10		3.01
ROOM USE	17	21		1,023.88		48.76	.023		60.23		1.11
									54.04		2.17
CROSSOVERS/ALL OTH OUTPINT	- ·	166	Ċ	1,999.36	Ċ	12.04	.180	Ċ		Ċ	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	34	764	\$	135,352.92	\$	177.16	.829	\$	3980.97	\$	146.80
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	1	6		751.92		125.32	.007		751.92		.82
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	58		31,082.50		535.91	.063		31082.50		33.71
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	33	700		103,518.50		147.88	.759		3136.92		112.28
@INTERMEDIATE CARE FACILDD	14	305	\$	63,864.36	\$	209.39	.331	\$	4561.74	\$	69.27
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	14	305		63,864.36		209.39	.331		4561.74		69.27
@HEMODIALYSIS TOTAL	6	7	\$	2,083.89	\$	297.70	.008	\$	347.32	\$	2.26
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	7		2,083.89		297.70	.008		347.32		2.26
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	19	61	\$	703.07	\$	11.53		\$	37.00	Ś	.76
PATHOLOGY	18	58	•	690.00	·	11.90	.063		38.33		.75
XO AND OTHERS	1	3		13.07		4.36	.003		13.07		.01
@ORGANIZED OUTPATIENT CLINIC	119	209	\$	12,978.28	\$	62.10	.227	\$	109.06	\$	14.08
CLINIC	1	4	7	1.82	7	.46	.004	-	1.82	т	.00
SURGICENTER	0	Ō		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	118	205		12,976.46		63.30	.222		109.97		14.07
#CALIF DEPT OF HEALTH SERV			IDEC M	ONTH-OF-PAYMENT RI	r D∩D⊓					ъ	PAGE 6,392
		_ /		ONIH OF FAIMENT N	EF OK1	. FOR UAN A	2004 11110		, 2004	I	03/14/05
MOPU24	FEE-FOR-SERVICE		CACEC	DICADIED IN DA I	DICAL	TED ATD CO	ODE CE				03/14/03
MADERA COUNTY	SUMMARI OF SERV	TICES FOR CRAIG	CASES.	- DISABLED IN PA-I	DISAL	STED AID CO	JDE 6E M		א משנזא עדווי	CE.	
922 ELIGIBLES	USERS	UNITS OF SERVIO	יחי	EXPENDITURES	7. 7. 7. 7.	DACE COCE					
ASS EPIGIPPES	CALCO			EXPENDITORES							COST PER
CALL OHUED DDOGGEDED	0.4	OR DAYS OF CAR		12 005 77			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	84	24,530	ş	13,005.77	\$			Ş	154.83	Ş	
DURABLE MED. EQUIP.	5	103		3,666.31		35.60	.112		733.26		3.98
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	11	146		1,215.54		8.33	.158		110.50		1.32

AMBULANCES/AIR TRANS	9	66	1,046.14	15.85	.072	116.24	1.13
OTHER TRANS	2	80	169.40	2.12	.087	84.70	.18
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	30	292.03	9.73	.033	22.46	.32
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	1.19	1.19	.001	1.19	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	34	1,138.81	33.49	.037	142.35	1.24
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	26	1,693	4,607.29	2.72	1.836	177.20	5.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	25	22,523	2,084.60	.09	24.428	83.38	2.26
@CALIF. CHILDREN SERVICES*	11	52	\$ 9,339.29	\$ 179.60	.056	\$ 849.03	\$ 10.13
@XOVER EXCLUDING STATE HOSP**	106	373	\$ 30,633.15	\$ 82.13	.405	\$ 288.99	\$ 33.22

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,393
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

					MC	NTHLY AVERA	GE
1,300 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	817	37 , 752	\$ 834,654.16	\$ 22.11	29.040	\$ 1021.61	\$ 642.04
@PHYSICIANS SERVICES	143	437	\$ 12,622.53	\$ 28.88	.336	\$ 88.27	\$ 9.71
OUTPATIENT VISITS	46	62	2,691.22	43.41	.048	58.50	2.07
OFFICE VISITS	30	42	1,364.21	32.48	.032	45.47	1.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	15	1,152.65	76.84	.012	82.33	.89
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	174.36	34.87	.004	34.87	.13
INPATIENT VISITS	13	75	3,799.64	50.66	.058	292.28	2.92
HOSPITAL VISITS	8	46	2,022.80	43.97	.035	252.85	1.56
CRITICAL CARE	2	3	586.04	195.35	.002	293.02	.45
SNF/ICF/TRANS IP CARE	3	26	1,190.80	45.80	.020	396.93	.92
OPHTHALMOLOGICAL SERVICES	4	4	94.45	23.61	.003	23.61	.07
EXAMINATIONS	4	4	94.45	23.61	.003	23.61	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	4	580.41	145.10	.003	145.10	.45
PRINCIPAL SURGEON	3	3	458.30	152.77	.002	152.77	.35
ASSISTANT SURGEON	1	1	122.11	122.11	.001	122.11	.09
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	185.22	92.61	.002	185.22	.14
PRINCIPAL SURGEON	1	1	120.63	120.63	.001	120.63	.09

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

0	0		.00		.00	.000		.00		.00
1	1		64.59		64.59	.001		64.59		.05
0	0		.00		.00	.000		.00		.00
9	13		162.20		12.48	.010		18.02		.12
30	59		1,349.97		22.88	.045		45.00		1.04
0	0		.00		.00	.000		.00		.00
2	2		12.43		6.22	.002		6.22		.01
	216		3,746.99		17.35	.166		41.63		2.88
554	7,166	\$	189,832.87	\$	26.49	5.512	\$	342.66	\$	146.03
530	2,216		180,563.58		81.48	1.705		340.69		138.90
106	679		45,460.74		66.95	.522		428.87		34.97
426	1,537		135,102.84		87.90	1.182		317.14		103.93
62	4,950		9,269.29		1.87	3.808		149.50		7.13
	158	\$	4,899.00	\$	31.01		\$		\$	3.77
23						.094		58.35		1.03
4	10		495.00		49.50	.008		123.75		.38
0	0		.00		.00	.000		.00		.00
0	0				.00					.00
0	0				.00	.000				.00
1	1					.001				.20
5	13		362.00		27.85	.010		72.40		.28
1	1		30.00		30.00	.001		30.00		.02
4	10		•			.008				1.85
0	0									.00
0	0									.00
0	0									.00
0	0									.00
1	1									.00
		RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 6,394
										03/14/05
SUMMARY OF SERVICES	FOR CRAIG	CASES-	- TOTAL IN PA-TOTA	λL						
	0 2 90 554 530 106 426 62 31 23 4 0 0 0 0 1 5 1 4 0 0 0 0	30 59 0 0 0 2 2 2 90 216 554 7,166 530 2,216 106 679 426 1,537 62 4,950 31 158 23 122 4 10 0 0 0 0 0 0 0 1 1 1 5 13 1 1 4 10 0	30 59 0 0 2 2 2 90 216 554 7,166 \$ 530 2,216 106 679 426 1,537 62 4,950 31 158 \$ 23 122 4 10 0 0 0 0 0 0 0 0 0 0 1 1 1 1 1 5 13 1 1 1 4 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 64.59 0 0 0 .00 9 13 162.20 30 59 1,349.97 0 0 0 .00 2 2 2 12.43 90 216 3,746.99 554 7,166 \$ 189,832.87 530 2,216 180,563.58 106 679 45,460.74 426 1,537 135,102.84 62 4,950 9,269.29 31 158 \$ 4,899.00 23 122 1,342.00 4 10 495.00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 1 1 1 1 260.00 1 1 1 30.00 4 10 2,410.00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	1 1 64.59 0 0 0 .00 9 13 162.20 30 59 1,349.97 0 0 0 .00 2 2 2 12.43 90 216 3,746.99 554 7,166 \$ 189,832.87 \$ 530 2,216 180,563.58 106 679 45,460.74 426 1,537 135,102.84 62 4,950 9,269.29 31 158 \$ 4,899.00 \$ 23 122 1,342.00 4 10 495.00 0 0 .00 0 0 .00 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	1 1 1 64.59 64.59 0 0 0 .00 .00 9 13 162.20 12.48 30 59 1,349.97 22.88 0 0 0 .00 .00 2 2 2 12.43 6.22 90 216 3,746.99 17.35 554 7,166 \$ 189,832.87 \$ 26.49 530 2,216 180,563.58 81.48 106 679 45,460.74 66.95 426 1,537 135,102.84 87.90 62 4,950 9,269.29 1.87 31 158 \$ 4,899.00 \$ 31.01 23 122 1,342.00 11.00 4 10 495.00 49.50 0 0 0 .00 .00 0 0 0 .00 .00 0 0 0 .00 .0	1 1 1 64.59 64.59 .001 0 0 .00 .00 .000 9 13 162.20 12.48 .010 30 59 1,349.97 22.88 .045 0 0 .00 .00 .000 2 2 12.43 6.22 .002 90 216 3,746.99 17.35 .166 554 7,166 \$ 189,832.87 \$ 26.49 5.512 530 2,216 180,563.58 81.48 1.705 106 679 45,460.74 66.95 .522 426 1,537 135,102.84 87.90 1.182 62 4,950 9,269.29 1.87 3.808 31 158 4,899.00 \$ 31.01 .122 23 122 1,342.00 11.00 .004 0 0 .00 .00 .00 0	1 1 1 64.59 64.59 .001 0 0 0 .00 .00 .000 9 13 162.20 12.48 .010 30 59 1,349.97 22.88 .045 0 0 0 .00 .00 .00 .000 2 2 2 12.43 6.22 .002 90 216 3,746.99 17.35 .166 554 7,166 \$ 189,832.87 \$ 26.49 5.512 \$ 530 2,216 180,563.58 81.48 1.705 106 679 45,460.74 66.95 .522 426 1,537 135,102.84 87.90 1.182 62 4,950 9,269.29 1.87 3.808 31 158 \$ 4,899.00 \$ 31.01 .122 \$ 23 122 1,342.00 11.00 .094 4 10 495.00 49.50 .008 0 0 0 .00 .00 .000 .000 0 0 0 .00 .00 .	1 1 1 64.59 64.59 .001 64.59 0 .001 0 .000 0 .000 9 1 3 162.20 12.48 .010 18.02 30 59 1,349.97 22.88 .045 45.00 0 .00 .000 .000 .000 2 2 2 12.43 6.22 .002 6.22 90 216 3,746.99 17.35 1.66 41.63 554 7,166 \$ 189,832.87 \$ 26.49 5.512 \$ 342.66 530 2,216 180,563.58 81.48 1.705 340.69 106 679 45,460.74 66.95 .522 428.87 426 1,537 135,102.84 87.90 1.182 317.14 62 4,950 9,269.29 1.87 3.808 1149.50 31 158 \$ 4,899.00 \$ 31.01 .122 \$ 158.03 23 122 1,342.00 11.00 .094 58.35 4 10 4 10 495.00 49.50 .008 123.75 0 .000	1 1 1 64.59 64.59 .001 64.59 0 0 .00 .00 .000 .000 .000 9 13 162.20 12.48 .010 18.02 30 59 1,349.97 22.88 .045 45.00 0 0 .00 .00 .000 .000 .000 2 2 12.43 6.22 .002 6.22 .002 6.22 .002 9.26 .22 .002 6.22 .002 9.26 .22 .002 9.26 .22 .002 9.26 .22 .002 9.26 .22 .002 9.26 .22 .002 9.26 .22 .002 9.26 .22 .002 9.26 .22 .002<

----- MONTHLY AVERAGE -----

## COPTION TITLES 19 42 \$ 788.63 \$ 18.80 .032 \$ 41.56 \$.61 DIAGNOSTIC AND ANC. PROCED 7 7 247.13 35.20 .005 35.30 .105 EFF AFFITANCES 13 31 575.00 16.94 .002 41.03 .105 EFF AFFITANCES 13 31 575.00 16.94 .002 41.03 .105 EFF AFFITANCES 13 31 575.00 16.94 .002 41.03 .105 EFF AFFITANCES 1 1 1 16.72 .002 41.03 .002 VISITS 1 1 1 16.72 .002 16.72 .001 .005 VISITS 1 1 1 16.72 .002 16.72 .001 VISITS 19 24 5 177.13 5 7.40 .002 16.72 .003 EFF AFFITANCES 19 24 5 177.13 5 7.40 .002 16.72 .003 EFF AFFITANCES 19 24 5 177.13 5 7.40 .002 16.72 .003 EFF AFFITANCES 19 24 5 177.13 5 7.40 .002 24.02 .003 EFF AFFITANCES 19 24 5 177.13 5 7.40 .002 24.02 .003 EFF AFFITANCES 19 24 5 177.13 5 7.40 .002 24.02 .003 EFF AFFITANCES 19 24 5 177.13 5 7.40 .002 24.02 .003 EFF AFFITANCES 19 24 5 177.13 5 7.40 .002 24.02 .003 EFF AFFITANCES 19 24 5 177.13 5 7.40 .002 24.02 .003 EFF AFFITANCES 19 24 5 177.13 5 7.40 .002 24.02 .003 EFF AFFITANCES 17 22 129.13 5 87.01 7 7.60 EFF AFFITANCES 17 22 129.13 5 8 33.31 .002 8 30.03 EFF AFFITANCES 10 5 8 8 8 8 8 8 8 8 8	1,300 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER		ST PER IGIBLE
OTHER OPPORTATIONS 12 2 4 17.42 4.36 0.03 8.71 0.01 0.01 0.01 0.01 0.01 0.01 0.01 0	@OPTOMETRIST	19	42 \$	789.63	\$ 18.80	.032 \$	41.56	\$.61
OTHER DETORITIONS 2	DIAGNOSTIC AND ANC. PROCED	7	7	247.13	35.30	.005	35.30		.19
### STATE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NO	EYE APPLIANCES	13	31	525.08			40.39		.40
### STATE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NO		2	4						.01
VIETS OTHER SERVICES 2 2 2 3 3,44 177,13 5 7,39 1018 5,32 5 1,4 MEDICITRA/THMECTIONS 2 2 3 4 6,00 3,00 100 3,00 3,00 3,00 3,00 3,00 3,		3						Ś	
OTHER SERVICES 2 2 2 33,44 16.72 .002 16.72 .03 MEDICINE/INJECTIONS 2 2 2 2 46.00 24.00 .002 24.00 .00 MEDICINE/INJECTIONS 2 2 2 2 46.00 24.00 .002 24.00 .00 RADIO./FAIROLOCY 0 0 0 0 0.00 .000 .000 .00 .00 RADIO./FAIROLOCY 0 1 0 0 0.00 .000 .000 .000 .00 RADIO./FAIROLOCY 0 1 0 0 0 0.00 .000 .000 .000 .000 RADIO./FAIROLOCY 0 1 1.289 \$ 42,933.0 5.53 .03 .000 .000 .000 NURSE MEDITAL ACENCY 1 1 2.89 \$ 42,933.0 5.53 .03 .000 .000 .000 NURSE MEDITAL 0.00 \$ 0.00 \$ 0.00 .000 \$ 1.00 .000 PEDITARIC NURSE PRACTITIONER 0 0 9 0.00 \$ 0.00 .000 \$ 0.00 \$ 0.00 PEDITARIC NURSE PRACTITIONER 1 1 8 40.00 \$ 1.00 .000 \$ 0.00 \$ 0.00 PEDITARIC NURSE PRACTITIONER 1 1 8 40.00 \$ 40.00 .000 \$ 0.00 \$ 0.00 PEDITARIC NURSE PRACTITIONER 1 1 8 40.00 \$ 40.00 .000 \$ 0.00 \$ 0.00 PEDITARIC NURSE PRACTITIONER 1 1 8 40.00 \$ 40.00 .000 \$ 0.00 \$ 0.00 PEDITARIC NURSE PRACTITIONER 1 1 8 40.00 \$ 40.00 .000 \$ 0.00 \$ 0.00 PEDITARIC NURSE PRACTITIONER 1 1 8 40.00 \$ 40.00 .000 \$ 0.00 \$ 0.00 PEDITARIC NURSE PRACTITIONER 1 1 1 8 40.00 \$ 40.00 .000 \$ 0.00 \$ 0.00 PEDITARIC NURSE PRACTITIONER 1 1 1 8 40.00 \$ 40.00 .000 \$ 0.00 \$ 0.00 PEDITARIC NURSE PRACTITIONER 1 1 2 45 66,087.46 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 PEDITARIC NURSE PRACTITIONER 1 1 2 45 66,087.46 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 PEDITARIC NURSE PRACTITIONER 1 1 2 45 66,087.46 \$ 0.00	-	1				•		'	
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RADIOL/PATHOLOGY									
Commendation 17		•							
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PEDITATEIC NURSE PRACTITIONER		-			,	•			
FAMILY NURSE PRACTITIONER 1 1 1 S 40.00 \$ 40.00 \$.00		•	-		1				
## STATES FORTAL		1	-						
HOSP INPATIENT TOTAL		7.4	•			•			
HSC HOSPITALS	-							Ÿ	
NON-HSC HOSPITAL TOTAL 3									
ADMINISTRATIVE DAYS 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 TRANSITIONAL IP CARE 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0				,					
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O		3							
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ANCILIARIES 3 0 12,218.71 .00 .000 4072.90 9.40 INPATIENT CROSSOVERS 4 0 3,468.00 .00 .00 .000 867.00 2.67 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .00 .00 .00 .0		0	0						
INPATIENT CROSSOVERS 4 0 3,468.00 .00 .000 867.00 2.67 ALL OTHER INPATIENT 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		3							
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		3	-						
HOSP OUTPATIENT TOTAL		_	-						
MEDICAL 12 25 1,144.05 45.76 .019 95.34 88 SURGERY 2 2 2 109.72 54.86 .002 54.86 .08 PATHOLOGY 13 45 554.69 12.33 .035 42.67 .43 RADIOLOGY 22 29 2.774.17 95.66 .022 126.10 2.13 ROOM USE 17 21 1,023.88 48.76 .016 60.23 .79 CROSSOVERS/ALL OTH OUTPTNT 40 171 2.179.17 12.74 .132 54.48 1.68 GCOUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 \$.00		-							
SURGERY 2 2 109.72 54.86 .002 54.86 .08 PATHOLOGY 13 45 554.69 12.33 .035 42.67 .43 RADIOLOGY 22 29 2,774.17 95.66 .022 126.10 2.13 ROOM USE 17 21 1,023.88 48.76 .016 60.23 .79 CROSSOVERS/ALL OTH OUTPINT 40 171 2,179.17 12.74 .132 54.48 1.68 GCOUNTY HOSPITAL TOTAL 0 0 5 .00 .00 .00 .00 .00 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 HSC HOSPITALS 0 0 0 0 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 ANCILIARIES 0 0 0 .00 .00 .00 .00 .00 ANCILIARIES 0 0 0 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 MEDICAL 0 0 0 0 .00 .00 .00 .00 MEDICAL 0 0 0 .00 .00 .00 .00 .00 RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 ROOM USE CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00									
PATHOLOGY 13 45 554.69 12.33 .035 42.67 .43 RADIOLOGY 22 29 2,774.17 95.66 .022 126.10 2.13 ROOM USE 17 21 1,023.88 48.76 .016 60.23 .79 CROSSOVERS/ALL OTH OUTPINT 40 171 2,179.17 12.74 .132 54.48 1.68 @COUNTY HOSPITAL TOTAL 0 0 5 .00 \$.00 .00 \$.00 \$.00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 HNN-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 NN-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER TROOSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER TROOSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 REDICAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00									
RADIOLOGY									
ROOM USE									
CROSSOVERS/ALL OTH OUTPINT									
GCOUNTY HOSPITAL TOTAL		- ·							
CO HOSPITAL INPATIENT TOTAL 0 0 0 0 00 00 000 00 00 00 00 00				-					
HSC HOSPITALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-	-				•		Ş	
NON-HSC HOSPITALS TOTAL 0 0 .00		-							
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0							
ADMINISTRATIVE DAYS 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0		0	-						
TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		-	0						
ALL OTHER ACCOM 0 0 0 0 00 00 000 000 000 000 000 000			0						
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0						
INPATIENT CROSSOVERS 0 0 .00	ALL OTHER ACCOM	0	0						
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0							
CO HOSP OUTPATIENT TOTAL 0 0 .00	INPATIENT CROSSOVERS	0	0	.00	.00		.00		
MEDICAL 0 0 .00 .		0	0		.00		.00		
SURGERY 0 0 .00 .		0	0						
PATHOLOGY 0 0 .00 </td <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0						
RADIOLOGY 0 0 .00 <td< td=""><td></td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		0	0						
ROOM USE 0 0 .00	PATHOLOGY	0	0						
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00	RADIOLOGY	0	0	.00	.00	.000			
	ROOM USE	0	0	.00		.000	.00		
#CALTE DEPT OF HEALTH SERV MEDT-CAL SERVICES AND EXPENDITIONES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRI DEC 2004 PAGE 6 395		0	-						
TOTALL BELL OF HENDER OF THE OFFICE OF THE DESCRIPTION OF THE OFFICE OF	#CALIF DEPT OF HEALTH SERV ME	DI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	2004	PAG	E 6,395

MOP024 FEE-FOR-SERVICE/DENTAL
MADERA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL 03/14/05

MADERA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CAS	SES- TOTAL IN PA-TO	TAL			
					MONT		
1,300 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	74	338 \$	74,873.14		•	1011.80	•
COMM HOSP INPATIENT TOTAL	12	45 36 9 9 0 0 0 0 0 0 293 25 2	67 , 087.46		.035	5590.62	51.61
HSC HOSPITALS	5 3	36	48,430.00	1345.28	.028	9686.00	37.25
NON-HSC HOSPITALS TOTAL	3	9	15,189.46	1687.72	.007	5063.15	11.68
ACCOMMODATIONS	3	9	2,970.75	330.08	.007	990.25	2.29
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	3	9	2 , 970.75		.007	990.25	2.29
ANCILLARIES	3	0	12,218.71		.000	4072.90	9.40
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	3	0	3,468.00		.000	867.00	2.67
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	7 705 60				
COMM HOSE OUTFAITENT TOTAL	64	293	7,785.68		.225	121.65	5.99
MEDICAL	12	25	1,144.05		.019	95.34	.88
SURGERY	2	2	109.72		.002	54.86	.08
PATHOLOGY	13	45	554.69		.035	42.67	.43
RADIOLOGY	2 13 22 17	29 21	2,774.17		.022	126.10	2.13
ROOM USE		21	1,023.88	48.76	.016	60.23	.79
CROSSOVERS/ALL OTH OUTPTNT	40	21 171	2,179.17	12.74	.132	54.48	1.68
@STATE HOSPITAL	0	0 \$.00) \$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0 0 98 0	2 , 532 \$			1.948 \$		\$ 317.05
LEV A-INTERMEDIATE	0	0	.00	•	.000	.00	.00
LEV B-REHAB MD	1	6	751.92		.005	751.92	.58
LEV B-SUBACUTE FREESTANDING		Ô	.00		.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	150	78 , 997.68	526.65		19749.42	60.77
LEV B-TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
LEV B-REGULAR	0 4 0 94 14	2 276	332,409.24		1.828	3536.27	255.70
OTHERDMEDIAME CARE DACTI DD	1 4	2,376 305 \$					
ICF DDH ICF DD ICF DDN/DDCN GHEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER GREHABILITATION FACILITY HOSPITAL BASED	14		00,001.00			4561.74	
ICF DDH	Ü	0	.00		.000	.00	.00
ICF DD	U	0	.00		.000	.00	.00
ICF DDN/DDCN	14	305	63,864.36		.235	4561.74	49.13
@HEMODIALYSIS TOTAL	6	7 \$	-,		.005 \$		
HOSPITAL BASED	0	0	.00		.000	.00	.00
HEMODIALYSIS CENTER	6	7	2,083.89		.005	347.32	1.60
@REHABILITATION FACILITY	0	0 \$.000 \$.00	
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	0	0	.00		.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	22	71 \$	780.17	\$ 10.99	.055 \$	35.46	\$.60
PATHOLOGY	19	66	759.40	11.51	.051	39.97	.58
YO AND OTHERS	3	5	20.77	4.15	.004	6.92	.02
@ORGANIZED OUTPATIENT CLINIC	143	237 \$	13,762.48	\$ 58.07	.182 \$	96.24	\$ 10.59
CLINIC	1	4	1.82		.003	1.82	.00
SURGICENTER	0	0	.00		.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.000	.00	.00
RURAL HEALTH CLINIC	142	233	13,760.66		.179	96.91	10.59
		233 ES AND EXPENDITURES	LO, /OU.OC	DEDODE EOD TAN			
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAIMENT	KEPOKT FOR JAN	ZUU4 THKU DEC	. 2004	PAGE 6,396
MOPO24	FEE-FOR-SERVICE		100 momat TV 03 = 0	\m_7 T			03/14/05
MADERA COUNTY	SUMMARY OF SERVI	ICES FOR CRAIG CAS	SES- TOTAL IN PA-TO	TAL			
1 200 51 10151 50	HARDA	IINTEG OF GERLITGE		31700300 0000	MONI	HLY AVERAG	E

1,300 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	108	25,142	\$	15,786.39	\$.63	19.340	\$ 146.17	\$ 12.14
DURABLE MED. EQUIP.	6	134		4,123.92	30.78	.103	687.32	3.17
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21	696		2,580.45	3.71	.535	122.88	1.98
AMBULANCES/AIR TRANS	10	69		1,160.40	16.82	.053	116.04	.89
OTHER TRANS	11	627		1,420.05	2.26	.482	129.10	1.09
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	13	30		292.03	9.73	.023	22.46	.22
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		1.19	1.19	.001	1.19	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	41		1,929.17	47.05	.032	175.38	1.48
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	26	1,693		4,607.29	2.72	1.302	177.20	3.54
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	35	22 , 547		2,252.34	.10	17.344	64.35	1.73
@CALIF. CHILDREN SERVICES*	11	52	\$	- ,	\$ 179.60	.040	•	\$ 7.18
@XOVER EXCLUDING STATE HOSP**	163	473	\$	43,457.66	\$ 91.88	.364	\$ 266.61	\$ 33.43

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,397
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MADERA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

111111111111111111111111111111111111111	0011111111							
						MO	NTHLY AVERA	AGE
417,497 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	226,375	5,168,660	\$	103,110,417.90	\$ 19.95	12.380	\$ 455.49	\$ 246.97
@PHYSICIANS SERVICES	76,861	230,793	\$	9,185,105.21	\$ 39.80	.553	\$ 119.50	\$ 22.00
OUTPATIENT VISITS	50,361	78 , 796		2,792,691.13	35.44	.189	55.45	6.69
OFFICE VISITS	36,392	48,690		1,477,684.65	30.35	.117	40.60	3.54
HOME VISITS	47	77		2,957.05	38.40	.000	62.92	.01
EMERGENCY ROOM	9 , 753	11,137		628,060.63	56.39	.027	64.40	1.50
PREVENTIVE CARE	45	46		2,044.50	44.45	.000	45.43	.00
OB VISITS/COMPRE PERI	4,444	16,356		600,503.11	36.71	.039	135.13	1.44
OTHER OUTPATIENT	1,992	2,490		81,441.19	32.71	.006	40.88	.20
INPATIENT VISITS	3,922	15 , 698		985,518.74	62.78	.038	251.28	2.36
HOSPITAL VISITS	3,419	12,100		559,820.86	46.27	.029	163.74	1.34
CRITICAL CARE	354	2,774		398,307.07	143.59	.007	1125.16	.95
SNF/ICF/TRANS IP CARE	339	824		27,390.81	33.24	.002	80.80	.07
OPHTHALMOLOGICAL SERVICES	1,651	1,873		76 , 984.40	41.10	.004	46.63	.18
EXAMINATIONS	1,637	1,859		76,699.11	41.26	.004	46.85	.18
SERVICES AND MATERIALS	14	14		285.29	20.38	.000	20.38	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 . OUTPATIENT SURGERY 4,181 9,310 697,110.61 74.88 .022 166.73 1. PRINCIPAL SURGEON 3,499 4,333 584,065.49 134.79 .010 166.92 1. ASSISTANT SURGEON 29 38 4,285.60 112.78 .000 147.78 . ANESTHESIOLOGIST 1,038 4,939 108,759.52 22.02 .012 104.78 . DIALYSIS 138 578 39,181.78 67.79 .001 283.93 . PATHOLOGY 13,899 22,562 729,216.17 32.32 .054 52.47 1. PSYCHIATRY 8 8 421.86 52.73 .000 52.73 . IMMUNIZATION AND INJECTION 1,978 18,934 688,728.42 36.38 .045 348.19 1. OTHER SERVICES/ALL X-OVERS 16,595 53,751 940,965.62 17.51 .129 56.70 2. @PHARMACY 131,487 2,473,108 \$ 29,232,661.15 \$ 11.82 5.924 \$ 222.32 \$ 70. PRESCRIPTION DRUGS 129,453 429,748 28,038,102.88 65.24 1.029 216.59 67. SNF/ICF 4,097 26,504 1,830,805.71 69.08 .063 446.86 4. OUTPATIENTS 125,582 403,244 26,207,297.17 64.99 .966 208.69 62. @DENTIST 22,212 130,423 \$ 3,207,297.17 64.99 .966 208.69 62. @DENTIST 22,212 130,423 \$ 3,207,297.17 64.99 .966 208.69 62. @DENTIST 22,212 130,423 \$ 3,207,297.17 64.99 .966 208.69 62. @DENTIST - DIAGNOSTIC 15,349 95,418 1,012,156.65 10.61 .229 65.94 2. ORAL SURGERY 3,344 6,510 390,069.29 59.92 .016 116.65 . DRUGS 402 715 12,863.75 17.99 .002 32.00 .	ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS	167 1.327	169 1,388		16.500.00	97 63	.000	98 80	.04 .29
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 . OUTPATIENT SURGERY 4,181 9,310 697,110.61 74.88 .022 166.73 1. PRINCIPAL SURGEON 3,499 4,333 584,065.49 134.79 .010 166.92 1. ASSISTANT SURGEON 29 38 4,285.60 112.78 .000 147.78 . ANESTHESIOLOGIST 1,038 4,939 108,759.52 22.02 .012 104.78 . DIALYSIS 138 578 39,181.78 67.79 .001 283.93 . PATHOLOGY 10,190 18,243 244,836.48 13.42 .044 24.03 . RADIOLOGY 13,899 22,562 729,216.17 32.32 .054 52.47 1. PSYCHIATRY 8 8 421.86 52.73 .000 52.73 . IMMUNIZATION AND INJECTION 1,978 18,934 688,728.42 36.38 .045 348.19 1. OTHER SERVICES/ALL X-OVERS 16,595 53,751 940,965.62 17.51 .129 56.70 2. GPHARMACY 131,487 2,473,108 \$ 29,232,661.15 \$ 11.82 5.924 \$ 222.32 \$ 70. PRESCRIPTION DRUGS 129,453 429,748 28,038,102.88 65.24 1.029 216.59 67. SNF/ICF 4,097 26,504 1,830,805.71 69.08 .063 446.86 4. OUTPATIENTS 125,582 403,244 26,207,297.17 64.99 .966 208.69 62. MEDICAL SUPPLIES 11,762 2,043,360 1,194,558.27 .58 4.894 101.56 2. GDENTIST 22,212 130,423 \$ 3,207,297.12 \$ 24.59 .312 \$ 144.39 \$ 7. VISUAL PRINCIPAL SUPPLIES 15.349 95.418 1.012.16.65 1.061	DRUGS	402	715		12,863.75	17.99 97.63	.002	32.00 98.80	
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 . OUTPATIENT SURGERY 4,181 9,310 697,110.61 74.88 .022 166.73 1. PRINCIPAL SURGEON 3,499 4,333 584,065.49 134.79 .010 166.92 1. ASSISTANT SURGEON 29 38 4,285.60 112.78 .000 147.78 . ANESTHESIOLOGIST 1,038 4,939 108,759.52 22.02 .012 104.78 . DIALYSIS 138 578 39,181.78 67.79 .001 283.93 . PATHOLOGY 10,190 18,243 244,836.48 13.42 .044 24.03 . RADIOLOGY 13,899 22,562 729,216.17 32.32 .054 52.47 1. PSYCHIATRY 8 8 421.86 52.73 .000 52.73 . IMMUNIZATION AND INJECTION 1,978 18,934 688,728.42 36.38 .045 348.19 1. OTHER SERVICES/ALL X-OVERS 16,595 53,751 940,965.62 17.51 .129 56.70 2. GPHARMACY 131,487 2,473,108 \$ 29,232,661.15 \$ 11.82 5.924 \$ 222.32 \$ 70. PRESCRIPTION DRUGS 129,453 429,748 28,038,102.88 65.24 1.029 216.59 67. SNF/ICF 4,097 26,504 1,830,805.71 69.08 .063 446.86 4. OUTPATIENTS 125,582 403,244 26,207,297.17 64.99 .966 208.69 62. MEDICAL SUPPLIES 11,762 2,043,360 1,194,558.27 .58 4.894 101.56 2. GDENTIST 22,212 130,423 \$ 3,207,297.12 \$ 24.59 .312 \$ 144.39 \$ 7. VISUAL PRINCIPAL SUPPLIES 15.349 95.418 1.012.16.65 1.061	ORAL SURGERY	3,344	6,510		390,069.29	59.92			.93
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 OUTPATIENT SURGERY 4,181 9,310 697,110.61 74.88 .022 166.73 1 PRINCIPAL SURGEON 3,499 4,333 584,065.49 134.79 .010 166.92 1 ASSISTANT SURGEON 29 38 4,285.60 112.78 .000 147.78 DIALYSIS 138 578 39,181.78 67.79 .001 283.93 PATHOLOGY 10,190 18,243 244,836.48 13.42 .044 24.03 RADIOLOGY 13,899 22,562 729,216.17 32.32 .054 52.47 1 PSYCHIATRY 8 8 421.86 52.73 .000 52.73 IMMUNIZATION AND INJECTION 1,978 18,934 688,728.42 36.38 .045 348.19 1 OTHER SERVICES/ALL X-OVERS 16,595 53,751 940,965.62 17.51 .129 56.70 2. @PHARMACY 131,487 2,473,108 \$ 29,232,661.15 \$ 11.82 5.924 \$ 222.32 \$ 70. PRESCRIPTION DRUGS 129,453 429,748 228,038,102.88 65.24 1.029 216.59 67. SNF/ICF 4,097 26,504 1,830,805.71 69.08 .063 446.86 4. OUTPATIENTS 125,582 403,244 26,207,297.17 64.99 .966 208.69 62. MEDICAL SUPPLIES 11,762 2,043,360 1,194,558.27 .58 4.894 101.56 2. @DENTIST 22,212 130,423 \$ 3,207,297.12 \$ 24.59 .312 \$ 144.39 \$ 7.	VISITS - DIACNOSTIC	15 349	95 418		1,012,156.65	10.61			2.42
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 . OUTPATIENT SURGERY 4,181 9,310 697,110.61 74.88 .022 166.73 1. PRINCIPAL SURGEON 3,499 4,333 584,065.49 134.79 .010 166.92 1. ASSISTANT SURGEON 29 38 4,285.60 112.78 .000 147.78 . ANESTHESIOLOGIST 1,038 4,939 108,759.52 22.02 .012 104.78 . DIALYSIS 138 578 39,181.78 67.79 .001 283.93 . PATHOLOGY 10,190 18,243 244,836.48 13.42 .044 24.03 . RADIOLOGY 13,899 22,562 729,216.17 32.32 .054 52.47 1. PSYCHIATRY 8 8 421.86 52.73 .000 52.73 . IMMUNIZATION AND INJECTION 1,978 18,934 688,728.42 36.38 .045 348.19 1. OTHER SERVICES/ALL X-OVERS 16,595 53,751 940,965.62 17.51 .129 56.70 2. GPHARMACY 131,487 2,473,108 \$ 29,232,661.15 \$ 11.82 5.924 \$ 222.32 \$ 70. PRESCRIPTION DRUGS 129,453 429,748 28,038,102.88 65.24 1.029 216.59 67. SNF/ICF 4,097 26,504 1,830,805.71 69.08 .063 446.86 4. OUTPATIENTS 125,582 403,244 26,207,297.17 64.99 .966 208.69 62. MEDICAL SUPPLIES 11.762 2.043,360 1.194,558.27 .58 4.894 101.56 2.	@DENTIST	22 , 212	130,423	\$				•	7.68
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 . OUTPATIENT SURGERY 4,181 9,310 697,110.61 74.88 .022 166.73 1. PRINCIPAL SURGEON 3,499 4,333 584,065.49 134.79 .010 166.92 1. ASSISTANT SURGEON 29 38 4,285.60 112.78 .000 147.78 . ANESTHESIOLOGIST 1,038 4,939 108,759.52 22.02 .012 104.78 . DIALYSIS 138 578 39,181.78 67.79 .001 283.93 . PATHOLOGY 10,190 18,243 244,836.48 13.42 .044 24.03 . RADIOLOGY 13,899 22,562 729,216.17 32.32 .054 52.47 1. PSYCHIATRY 8 8 421.86 52.73 .000 52.73 . IMMUNIZATION AND INJECTION 1,978 18,934 688,728.42 36.38 .045 348.19 1. OTHER SERVICES/ALL X-OVERS 16,595 53,751 940,965.62 17.51 .129 56.70 2. @PHARMACY 131,487 2,473,108 \$ 29,332,661.15 \$ 11.82 5.924 \$ 222.32 \$ 70. PRESCRIPTION DRUGS 129,453 429,748 28,038,102.88 65.24 1.029 216.59 67. SNF/ICF 4,097 26,504 1,830,805.71 69.08 .063 446.86 4. OUTPATIENTS 125,582 403,244 26,207,297.17 64.99 .966 208.69 62.	MEDICAL SUPPLIES	11,762	2,043,360			. 58			2.86
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 . OUTPATIENT SURGERY 4,181 9,310 697,110.61 74.88 .022 166.73 1. PRINCIPAL SURGEON 3,499 4,333 584,065.49 134.79 .010 166.92 1. ASSISTANT SURGEON 29 38 4,285.60 112.78 .000 147.78 . ANESTHESIOLOGIST 1,038 4,939 108,759.52 22.02 .012 104.78 . DIALYSIS 138 578 39,181.78 67.79 .001 283.93 . PATHOLOGY 10,190 18,243 244,836.48 13.42 .044 24.03 . RADIOLOGY 13,899 22,562 729,216.17 32.32 .054 52.47 1. PSYCHIATRY 8 8 421.86 52.73 .000 52.73 . IMMUNIZATION AND INJECTION 1,978 18,934 688,728.42 36.38 .045 348.19 1. OTHER SERVICES/ALL X-OVERS 16,595 53,751 940,965.62 17.51 .129 56.70 2. GPHARMACY 131,487 2,473,108 \$ 29,232,661.15 \$ 11.82 5.924 \$ 222.32 \$ 70. PRESCRIPTION DRUGS 129,453 429,748 28,038,102.88 65.24 1.029 216.59 67. SNF/ICF 4,097 26,504 1,830,805.71 69.08 .063 446.86 4.									62.77
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 . OUTPATIENT SURGERY 4,181 9,310 697,110.61 74.88 .022 166.73 1. PRINCIPAL SURGEON 3,499 4,333 584,065.49 134.79 .010 166.92 1. ASSISTANT SURGEON 29 38 4,285.60 112.78 .000 147.78 . ANESTHESIOLOGIST 1,038 4,939 108,759.52 22.02 .012 104.78 . DIALYSIS 138 578 39,181.78 67.79 .001 283.93 . PATHOLOGY 10,190 18,243 244,836.48 13.42 .044 24.03 . RADIOLOGY 13,899 22,562 729,216.17 32.32 .054 52.47 1. PSYCHIATRY 8 8 421.86 52.73 .000 52.73 . IMMUNIZATION AND INJECTION 1,978 18,934 688,728.42 36.38 .045 348.19 1. OTHER SERVICES/ALL X-OVERS 16,595 53,751 940,965.62 17.51 .129 56.70 2. GPHARMACY 131,487 2,473,108 \$ 29,232,661.15 \$ 11.82 5.924 \$ 222.32 \$ 70. PRESCRIPTION DRUGS 129,453 429,748 28,038,102.88 65.24 1.029 216.59 67.									
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 . OUTPATIENT SURGERY 4,181 9,310 697,110.61 74.88 .022 166.73 1. PRINCIPAL SURGEON 3,499 4,333 584,065.49 134.79 .010 166.92 1. ASSISTANT SURGEON 29 38 4,285.60 112.78 .000 147.78 . ANESTHESIOLOGIST 1,038 4,939 108,759.52 22.02 .012 104.78 . DIALYSIS 138 578 39,181.78 67.79 .001 283.93 . PATHOLOGY 10,190 18,243 244,836.48 13.42 .044 24.03 . RADIOLOGY 13,899 22,562 729,216.17 32.32 .054 52.47 1. PSYCHIATRY 8 421.86 52.73 .000 52.73 . IMMUNIZATION AND INJECTION 1,978 18,934 688,728.42 36.38 .045 348.19 1. OTHER SERVICES/ALL X-OVERS 16,595 53,751 940,965.62 17.51 .129 56.70 2. GPHARMACY 131,487 2,473,108 \$ 29,232,661.15 \$ 11.82 5.924 \$ 222.32 \$ 70.									4.39
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 . OUTPATIENT SURGERY 4,181 9,310 697,110.61 74.88 .022 166.73 1. PRINCIPAL SURGEON 3,499 4,333 584,065.49 134.79 .010 166.92 1. ASSISTANT SURGEON 29 38 4,285.60 112.78 .000 147.78 . ANESTHESIOLOGIST 1,038 4,939 108,759.52 22.02 .012 104.78 . DIALYSIS 138 578 39,181.78 67.79 .001 283.93 . PATHOLOGY 10,190 18,243 244,836.48 13.42 .044 24.03 . RADIOLOGY 13,899 22,562 729,216.17 32.32 .054 52.47 1. PSYCHIATRY 8 421.86 52.73 .000 52.73 . IMMUNIZATION AND INJECTION 1,978 18,934 688,728.42 36.38 .045 348.19 1. OTHER SERVICES/ALL X-OVERS 16,595 53,751 940,965.62 17.51 .129 56.70 2.	•			Ÿ					67.16
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 . OUTPATIENT SURGERY 4,181 9,310 697,110.61 74.88 .022 166.73 1. PRINCIPAL SURGEON 3,499 4,333 584,065.49 134.79 .010 166.92 1. ASSISTANT SURGEON 29 38 4,285.60 112.78 .000 147.78 . ANESTHESIOLOGIST 1,038 4,939 108,759.52 22.02 .012 104.78 . DIALYSIS 138 578 39,181.78 67.79 .001 283.93 . PATHOLOGY 10,190 18,243 244,836.48 13.42 .044 24.03 . RADIOLOGY 13,899 22,562 729,216.17 32.32 .054 52.47 1. PSYCHIATRY 8 421.86 52.73 .000 52.73 . IMMUNIZATION AND INJECTION 1,978 18,934 688,728.42 36.38 .045 348.19 1.		131 487	2 473 108	Ġ	29 232 661 15	\$ 11.82			70.02
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 . OUTPATIENT SURGERY 4,181 9,310 697,110.61 74.88 .022 166.73 1. PRINCIPAL SURGEON 3,499 4,333 584,065.49 134.79 .010 166.92 1. ASSISTANT SURGEON 29 38 4,285.60 112.78 .000 147.78 . ANESTHESIOLOGIST 1,038 4,939 108,759.52 22.02 .012 104.78 . DIALYSIS 138 578 39,181.78 67.79 .001 283.93 . PATHOLOGY 10,190 18,243 244,836.48 13.42 .044 24.03 . RADIOLOGY 13,899 22,562 729,216.17 32.32 .054 52.47 1. PSYCHIATRY 8 8 421.86 52.73 .000 52.73 .			53,751		940.965.62	17.51			2.25
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 . OUTPATIENT SURGERY 4,181 9,310 697,110.61 74.88 .022 166.73 1. PRINCIPAL SURGEON 3,499 4,333 584,065.49 134.79 .010 166.92 1. ASSISTANT SURGEON 29 38 4,285.60 112.78 .000 147.78 . ANESTHESIOLOGIST 1,038 4,939 108,759.52 22.02 .012 104.78 . DIALYSIS 138 578 39,181.78 67.79 .001 283.93 . PATHOLOGY 10,190 18,243 244,836.48 13.42 .044 24.03 . RADIOLOGY 13,899 22,562 729,216.17 32.32 .054 52.47 1. PSYCHIATRY 8 8 421.86 52.73 .000 52.73 .	IMMUNIZATION AND INJECTION	1,978	18,934		688,728.42	36.38	.045	348.19	1.65
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 .	PSYCHIATRY	8				52.73			.00
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 .	RADIOLOGY	13,899					.054	52.4/	
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 .	PATHOLOGY	10,190					.044	24.03	.59
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 .	DIALYSIS	138			39,181.78	67.79			
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 .	ANESINESIOLOGISI	120	4,939		20 101 70	67.70			.09
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 .	AMESTHESIOLOGIST	1 038			•		012	104 78	.26
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 .	ASSISTANT SURGEON	. 29	. 38		4,285,60	112.78	.000	147.78	.01
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 .	PRINCIPAL SURGEON	3,499	4,333		584,065.49	134.79	.010	166.92	1.40
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 . ANESTHESIOLOGIST 928 7,380 180,683.00 24.48 .018 194.70 .	OUTPATIENT SURGERY	4,181	9,310		697 , 110.61	74.88		166.73	1.67
ASSISTANT SURGEON 413 411 72,965.64 177.53 .001 176.67 .	ANESTHESIOLOGIST	928	7 , 380						.43
	ASSISTANT SURGEON	413	411						.17
PRINCIPAL SURGEON 2,578 3,249 1,735,801.36 534.26 .008 673.31 4.	PRINCIPAL SURGEON	2,578	3,249						
									4.77

417,497 ELIGIBLES	USERS	UNITS OF SERVICE	<u>C</u>	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE	2		PEI	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	3,286	8,308	\$	186,808.05	\$	22.49	.020	\$	56.85	\$.45
DIAGNOSTIC AND ANC. PROCED	2,086	2,394		92,513.84		38.64	.006		44.35	.22
EYE APPLIANCES	2,089	5,618		86,669.73		15.43	.013		41.49	.21
OTHER OPTOMETRIC SERVICES	202	296		7,624.48		25.76	.001		37.74	.02
@CHIROPRACTOR	1,291	2,005	\$	33,211.36	\$	16.56	.005	\$	25.73	\$.08
VISITS	1,239	1,931		32,243.70		16.70	.005		26.02	.08
OTHER SERVICES	52	74		967.66		13.08	.000		18.61	.00
@PODIATRIST	1,395	1,764	\$	33,584.56	\$	19.04	.004	\$	24.07	\$.08
MEDICINE/INJECTIONS	643	741		22,496.60		30.36	.002		34.99	.05
SURGERY/ANES.	12	12		1,820.83		151.74	.000		151.74	.00
RADIO./PATHOLOGY	17	18		314.00		17.44	.000		18.47	.00
OTHER	748	993		8,953.13		9.02	.002		11.97	.02
@HOME HEALTH AGENCY	378	12 , 899	\$	449,299.11	\$	34.83	.031	\$	1188.62	\$ 1.08
NURSE ANESTHESIST	118	1,693	\$	21,010.55	\$	12.41	.004	\$	178.06	\$.05
NURSE MIDWIFE	17	31	\$	3,428.86	\$	110.61	.000	\$	201.70	\$.01
PEDIATRIC NURSE PRACTITIONER	1	3	\$	33.24	\$	11.08	.000	\$	33.24	\$.00

FAMILY NURSE PRACTITIONER	33	46	\$ 1,098.14	\$ 23.87	.000	\$ 33.28	\$.00
@TOTAL HOSPITAL	34,729	149,484	\$ 27,580,829.74	\$ 184.51	.358	\$ 794.17	\$ 66.06
HOSP INPATIENT TOTAL	4,083	17,219	23,432,441.45	1360.85	.041	5739.03	56.13
HSC HOSPITALS	2,242	10,665	16,474,109.81	1544.69	.026	7347.95	39.46
NON-HSC HOSPITAL TOTAL	1,394	6 , 554	6,540,518.70	997.94	.016	4691.91	15.67
ACCOMMODATIONS	1,394	6 , 554	2,227,255.02	339.83	.016	1597.74	5.33
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,393	6,551	2,226,561.12	339.88	.016	1598.39	5.33
ANCILLARIES	1,393	0	4,313,263.68	.00	.000	3096.38	10.33
INPATIENT CROSSOVERS	484	0	417,812.94	.00	.000	863.25	1.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	31,947	132,265	4,148,388.29	31.36	.317	129.85	9.94
MEDICAL	6 , 595	10,891	543,755.30	49.93	.026	82.45	1.30
SURGERY	2,823	3 , 577	232,434.03	64.98	.009	82.34	.56
PATHOLOGY	11,009	42,211	484,472.95	11.48	.101	44.01	1.16
RADIOLOGY	8,600	12,047	940,373.44	78.06	.029	109.35	2.25
ROOM USE	16,629	22,376	908,109.24	40.58	.054	54.61	2.18
CROSSOVERS/ALL OTH OUTPINT	13,706	41,163	1,039,243.33	25.25	.099	75.82	2.49
@COUNTY HOSPITAL TOTAL	179	791	\$ 172,039.23	\$.002	•	\$.41
CO HOSPITAL INPATIENT TOTAL	25	143	153,244.92	1071.64	.000	6129.80	.37
HSC HOSPITALS	21	122	133,813.05	1096.83	.000	6372.05	.32
NON-HSC HOSPITALS TOTAL	3	21	18,851.01	897.67	.000	6283.67	.05
ACCOMMODATIONS	3	21	10,141.20	482.91	.000	3380.40	.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	21	10,141.20	482.91	.000	3380.40	.02
ANCILLARIES	3	0	8,709.81	.00	.000	2903.27	.02
INPATIENT CROSSOVERS	1	0	580.86	.00	.000	580.86	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	161	648	18,794.31	29.00	.002	116.73	.05
MEDICAL	60	85	3,329.88	39.18	.000	55.50	.01

SURGERY	11	14	470.54	33.61	.000	42.78	.00
PATHOLOGY	45	203	2,932.20	14.44	.000	65.16	.01
RADIOLOGY	28	44	2,715.64	61.72	.000	96.99	.01
ROOM USE	104	133	5,434.63	40.86	.000	52.26	.01
CROSSOVERS/ALL OTH OUTPINT	78	169	3,911.42	23.14	.000	50.15	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	EC 2004	PAGE 6,399
MOP024	FEE-FOR-SERVICE/DENT.	AL					03/14/05
MADERA COUNTY	SUMMARY OF SERVICES	FOR TOTAL CER	TIFIED				

MADERA COUNTY	SUMMARY OF SER	VICES FOR TOTAL CE	RTIE	FIED					03/14/03
11122111 0001111	001111111111111111111111111111111111111	. 1020 1011 101112 02		. 120		MOI	NTHLY AVERA	AGE	
417,497 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL		OR DAYS OF CARE			PER UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34 , 576	148 , 693	\$	27,408,790.51	\$ 184.33 1363.27	.356	\$ 792.71	\$	
COMM HOSP INPATIENT TOTAL	4,060	17 , 076		23,279,196.53	1363.27	.041			55.76
HSC HOSPITALS	2,221	10,543		16,340,296.76	1549.87	.025 .016	7357.18		39.14
NON-HSC HOSPITALS TOTAL	1,392	6 , 533		6,521,667.69	998.27	.016	7357.18 4685.11		15.62
ACCOMMODATIONS	1,392	6 , 533		2,217,113.82	339.37	.016	1592.75 693.90		5.31
ADMINISTRATIVE DAYS	1	3		693.90	231.30	.000	693.90		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 1593.40		.00
ALL OTHER ACCOM	1,391	6 , 530		2,216,419.92	339.42	.016	1593.40		5.31
ANCILLARIES	1,391	0		4,304,553.87	.00	.000	3094.58		10.31
INPATIENT CROSSOVERS	483	0		417,232.08	.00	.000	863 83		1 00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	31,807	131,617		4,129,593.98	31.38	.315	129.83		9.89
MEDICAL	6 , 539	10,806		540,425.42	50.01	.026	82.65		1.29
SURGERY	2,812	3 , 563		231,963.49	65.10	.009	82.49		.56
PATHOLOGY	10,968	42,008		481 , 540.75	11.46	.101	129.83 82.65 82.49 43.90 109.37		1.15
RADIOLOGY	8 , 573	12,003		937 , 657.80	78.12	.029	109.37		2.25
ROOM USE	16 , 535	22,243		902 , 674.61	40.58	.053	54.59		2.16
CROSSOVERS/ALL OTH OUTPTNT	13,634	40,994		1,035,331.91	25.26	.098	75.94		
@STATE HOSPITAL	12	366	\$	161,061.78	\$ 440.06	.001	\$ 13421.82		
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD	12	366		161,061.78	440.06	.001			
@NURSING FACILITY	3 , 516	105 , 371	\$	12,060,365.61	\$ 114.46	.252	\$ 3430.14		
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00 3833.15		.00
LEV B-REHAB MD	49	1 , 530		187,824.40	122.76	.004	3833.15		.45
LEV B-SUBACUTE FREESTANDING	29	833		279 , 778.42	335.87	.002	9647.53		
LEV B-SUBACUTE HSPTL BASED	27	1,109		555 , 223.69	500.65	.003	20563.84		1.33
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 3232.08		.00
LEV B-REGULAR	3 , 415	101 , 899		11,037,539.10	108.32	.244	3232.08		26.44
@INTERMEDIATE CARE FACILDD	635	19 , 590	\$	3,859,021.84	\$ 196.99	.047	\$ 6077.20	\$	
ICF DDH	83	2,513 0		403,667.10	160.63	.006	4863.46		.97
ICF DD	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	552	17,077		3,039,021.04 403,667.10 .00 3,455,354.74 570,512.47	202.34	.041	6259.70		8.28
@HEMODIALYSIS TOTAL	709	5,541	\$	570,512.47	\$ 102.96	.013	\$ 804.67	\$	
HOSPITAL BASED	3	6		15,117.87	2519.65	.000	5039.29		.04
HEMODIALYSIS CENTER	706	5,535		555 , 394.60	100.34	.013			1.33
@REHABILITATION FACILITY	416	1,372 1,320	\$	46,702.35	2519.65 100.34 \$ 34.04 34.75	.003	\$ 112.27	\$	
HOSPITAL BASED	406	1,320		45 , 872.83	34.75	.003	112.99		.11
INDEPENDENT FACILITY	10	52					82.95		
@LABORATORY FACILITY	14,508	55,116	Ş	742,701.05	\$ 13.48	.132		Ş	
PATHOLOGY	14,421	54,968		736,598.57	13.40	.132			1.76
XO AND OTHERS	123	148		6,102.48	41.23	.000			.01
@ORGANIZED OUTPATIENT CLINIC	60,703	55,116 54,968 148 101,758 12,375	Ş	13,225,070.57	\$ 129.97	.244	\$ 217.87	\$	
CLINIC	3,310	12,375		357,881.95	28.92	.030	108.12		.86
SURGICENTER	676 31	2,801		112,363.82 3,629.07	40.12	.030 .007 .001	166.22		.27
HEROIN DETOX CLINIC	31	12,375 2,801 317		3,629.07	11.45	.001	117.07		.01

RURAL HEALTH CLINIC 57,802 86,265 12,751,195.73 147.81 .207 220.60 30.54 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,400 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 MADERA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

						MC	ONTHLY AVERA	GE
417,497 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	21,360	1,868,989	\$	2,510,615.14	\$ 1.34		\$ 117.54	\$ 6.01
DURABLE MED. EQUIP.	963	3,045		345,561.73	113.48	.007	358.84	.83
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	126	192		57,832.69	301.21	.000	458.99	.14
MEDICAL TRANSPORTATION	3,101	117,857		699,134.38	5.93	.282	225.45	1.67
AMBULANCES/AIR TRANS	2,524	41,108		427,735.30	10.41	.098	169.47	
OTHER TRANS	556	75 , 676				.181	394.46	.53
OTHER SERVICES		1,073		52,080.60	48.54		426.89	
ACUPUNCTURE	15	37		643.38	17.39	.000	42.89	.00
ADULT DAY HEALTH CARE CTR	103	1,379		95,585.07	69.31	.003	928.01	.23
GENETIC DISEASE TESTING	1,107	1,111		116,511.00	104.87	.003	105.25	.28
IHMC, MODEL-NF, NF, AIDS, MSSP	382	1,897		141,849.03	74.78	.005	371.33	.34
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4,114	9,141		97,497.06	10.67	.022	23.70	.23
PHYSICAL THERAPIST	0	0		.00		.000	.00	.00
PORTABLE X-RAY	56	119		1,222.53	10.27	.000	21.83	.00
PROSTHETIST/ORTHOTISTS	209	533		54,405.64	102.07	.001	260.31	.13
PROSTHETICS	206	530		54,226.23	102.31	.001	263.23	.13
ORTHOTICS	3	3			59.80	.000	59.80	.00
PSYCHOLOGIST	35	132		6,985.48	52.92	.000	199.59	.02
SPEECH AND AUDIOLOGY	331	847		85,175.76	100.56	.002	257.33	.20
HOSPICE SERVICES	14	310			120.43	.001	2666.58	.09
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,724	73,187		406,632.48	5.56	.175	60.47	.97
EPSDT SUPPLEMENTAL SERVICE	8	1,433		32,938.38	22.99	.003	4117.30	.08
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5,021	1,657,769		331,308.47	.20	3.971	65.98	.79
@CALIF. CHILDREN SERVICES*	2,619	83,077		8,253,524.13	\$ 99.35	.199	\$ 3151.40	\$ 19.77
@XOVER EXCLUDING STATE HOSP**	14,723	203,694	\$	2,266,846.13	\$ 11.13	.488	\$ 153.97	\$ 5.43
O+ MOMATO THE MURGE TIMES ARE ST	TENT AC A CEDA:	DAME THEODIAMETON		NATT 37				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.